



ANIMAL SERVICES

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www.jointanimalservices.org • shelter@jointanimalservices.org

STATEMENT OF COMPLAINT

Complaint No.: _____

Statement Date: _____

Name of person making complaint: _____

Date of birth: _____ Phone No.: _____ Mess. phone: _____

Current address: _____

I, _____, do hereby give the following statement to Animal Services of Thurston County, Washington, as an aid to investigation. All facts contained herein are true to the best of my knowledge and belief. (Your statement must contain the basic who, what, why, when and how as they relate to the witnessed incident. You may be called upon to testify in court regarding this incident.)

Incident date(s): _____ Time of incident(s): _____

Location of incident(s): _____

Description of event(s): _____

Attach additional pages if necessary

I certify (or declare) under penalty of perjury under the laws of the State of Washington, that the foregoing is true and correct.

Signature

Date

Scanned