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STATEMENT OF COMPLAINT

Statement Date: _____

Name of person making complaint: _____

Date of birth: _____ Phone No.: _____

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): _____

- I REQUEST NON-DISCLOSURE. As a complainant, witness, or victim of a complaint filed with an investigative agency, you have the right to request non-disclosure under RCW 42.56.240(2) at the time of the complaint.** NOTE: If the box is left unchecked this statement and information contained within, may be subject to public disclosure and may be released if requested by parties not involved or associated with this incident.

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