

# Regional Animal Services of King County (RASKC)

21615 64th Avenue South | Kent, WA 98032 | www.kingcounty.gov/pets  
Tel: (206) 296-7387 | Fax: (206) 205-8043 | Email: pets@kingcounty.gov

## Report of Complaint or Problem

Each reporting party must complete a separate statement. It is important to sign and date the certification at the bottom of this document (see reverse side). Incomplete or inaccurate information may delay an investigation/enforcement action. Describe only the incidents you have witnessed or of which you have personal knowledge. This document may be used to assist the investigating officer in providing the prosecutor with information critical to determining whether or not to file criminal charges, if applicable or assist in determining other enforcement action. You should be aware this document is subject to public disclosure and may be reviewed by the investigating officer, prosecuting attorney, Judge, Hearing Examiner, other government enforcement agencies and/or the person about whom you are complaining.

### 1. Your Information

Check one:  Mr.  Miss.  Ms.  Prof.  Dr.

Full Name:   
(Last) (First) (Middle)

Email:

Phone:  2nd Phone:

Address:  City:

State:  Zip:  Date of   
(mm/dd/yyyy)

### 2. Animal Owner or Suspect Information (if known)

Full Name:   
(Last) (First) (Middle)

Email:

Phone:  2nd Phone:

Address:  City:

State:  Zip:  Date of   
(mm/dd/yyyy)

Description of Animal (Cat, Dog, Other -- provide specifications if possible such as breed, color and gender):

Vehicle license Plate No.:

Vehicle description:

**3. Incident Information**

Date:

*(mm/dd/yyyy)*

Time:

(am / pm)

*(circle one)*

Description:

**4. Victim's Information (if Bitten by Animal)** —use diagram and check boxes to describe bite areas

Full Legal Name:

*(Last)*

*(First)*

*(Middle)*

Email:

Phone:

2nd Phone:

Address:

City:

State:

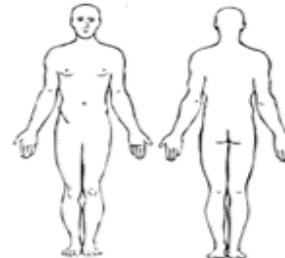
Zip:

Date of

*(mm/dd/yyyy)*

Check items that apply:

- Did the bite break the skin?
- Was medical attention sought?
- Were sutures required or did a physician not suturing for cosmetic recovery reasons?
- Were photos or vidoes taken of the bite?



**By checking the box for electronic submission or signing below I certify under penalty of perjury, under the laws of the State of Washington, the foregoing information is true and correct (RCW 9A.72.085).**

Signature:

*(if electronic, full name is needed)*

Today's Date:

*(mm/dd/yyyy)*

Place (i.e. city where complainant is signing)