Regional Animal Services of King County (RASKC)

21615 64th Avenue South | Kent, WA 98032 Tel: (206) 296-7387 | Fax: (206) 205-8043

Email: pets@kingcounty.gov| www.kingcounty.gov/pets

Animal Case Number:

Α			

(if you know the exact number)

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 Inform						
Check one:	Mr.	Ms.	Miss.	Prof.	Dr.	
Full Name:						
((Last)		(First)		(Middle)	
Email:						
Phone:				2 nd Phone:		
Address:					City:	
State:	Zip: _	Da	nte of birth (mm/	/dd/yy):		
2. Animal Own	er or Suspect In	nformation (if l	(nown)			
Check one:	Mr.	Ms.	Miss.	Prof.	Dr.	
Full Name:			(First)		(A 4: d d l a)	
·	(Last)		(First)		(Middle)	
Email:				and = 1		
Phone:						
Address:					City:	
State:	Zip: _	Da	nte of birth (mm/	/dd/yy):		
Description of ar	nimal (Cat, Dog,	Other – provid	de specifications	if possible such	as breed, color and gen	der):
Vehicle descripti	on:					

3. Incid	ent Information				
Addres	s:		City:		
Date (n	nm/dd/yy):	Time (hh:m	m): (circle one: an		
Descrip	tion:				
	im's Information (if bitten by anim				
Check o	one: Mr. Ms.	Miss.	Prof. Dr.		
Full Na	me:	(First)	(Middle)		
Email:		, ,	(madie)		
			^{2nd} Phone:		
			City:		
State: _	Zip:	Date of birth (mm/dd/y	y):		
	Did the bite break the skin?				
			522 } }		
	Was medical attention sought?				
	Were sutures required or did a ph	nysician not	13. M 14 M		
	suture for cosmetic recovery reas				
	Were photos or videos taken of tl	ha hita?	A () A.M () A		
	were priotos or videos takem or ti	ne bite:)-1-(
	By checking the box for electroni				
	the below I certify under penalty laws of the State of Washington,		215)10		
	is true and correct (RCW 9A.72.08				
Signatu	ire: (if electronic, full name is ne	Today's D	(i.e. city where complainant is signing)		
	if electronic, full name is ne. e. city where complainant is signii.		(i.e. city where complainant is signing)		