

FOR OFFICE USE ONLY	
Received	
by _____	date _____
Customer Contacted	
by _____	date _____
Comments:	_____

STANISLAUS ANIMAL SERVICES AGENCY COMPLAINT FORM

Please help us resolve your concerns so that we may provide a safe and healthy community. Please provide us with as much information on this form as possible.

Date of Event ___/___/_____ Time of Event _____
 Location of Event _____

Your Name _____
 Address _____
 City _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ E-Mail _____

Other Involved Party (if known)
 Name _____
 Address _____
 City _____ Zip Code _____
 Phone _____

Type of Animal(s): Dog(s) _____ Cat(s) _____ Other(s) _____

Please describe the nature of the problem. Remember, the more information we have will enable us to serve you in an expedient manner.

Signature _____ Date ___/___/___

Please feel free to call us at (209) 558-7387 (Mon – Fri 9 am – 5 pm), visit our website at www.stancounty.com/animalservices, or visit us at 3647 Cornucopia Way, Modesto CA, Mon - Fri 9 am – 5pm, Sat 8 am – 5 pm. FAX (209) 558-2138.

