



Winchendon Police Department
80 Central Street
Winchendon MA 01475



David P. Walsh
Chief of Police

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ANIMAL COMPLAINT FORM

(Please fill out as much information as possible)

Today's Date: _____

Your Name: _____

Neighbors Name: _____

Address: _____

Address: _____

Phone: _____

Email: _____

Animal(s)/Breed(s) Description: _____

Complaint(s) Barking Dog(s) Loose Dog(s) Abuse or Neglect
 Other _____

Dates/Times Incident occurred _____

How long has this incident been occurring? _____

Have you spoken to the pet owner? _____

Have you taken photos or video? _____

Detailed Summary _____

Your Signature

ACO Signature