



*Winchendon Police Department*  
80 Central Street  
Winchendon, MA 01475



Daniel C. Wolski  
Chief of Police

Department: 978-297-1212  
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## ANIMAL COMPLAINT FORM

### Reporting Party

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL / OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### Animal Owner / Keeper

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ANIMAL DESCRIPTION: \_\_\_\_\_

**TYPE OF COMPLAINT:** ☐ LOOSE DOG(S) ☐ BARKING DOGS ☐ NEGLECT/ABUSE ☐ OTHER

If other, please describe: \_\_\_\_\_

**Please describe the nature of the complaint or problem with all pertinent information including dates, times of incident(s), location(s) and names and phone numbers of witnesses. Attach additional pages if needed.**

Description: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### INVESTIGATION REPORT

I, \_\_\_\_\_, have investigated the above complaint and have found:

In accordance with Massachusetts Laws, Chapter 140, Sections 136A – 175 (Including amendments through 12/31/16) and Town of Winchendon Bylaw 17.2 I have taken the following steps to eliminate the problem:

☐ Ordered Restraint

☐ Personal Visit to Dog Owner

☐ Phone Call

☐ Summon to Court

☐ Ordered Licensing

☐ Insufficient Evidence

DATE: \_\_\_\_\_

Investigating Animal Control Officer's Signature

REFERENCE NUMBER: \_\_\_\_\_

Assisting Officer's Signature

Approving Supervisor's Signature