

BARKING DOG/INCIDENT REPORT

Provide this form to the responding officer
 * Complete all items below. Write UNKNOWN if you do not know the answer.

For use by city only	
Date	Time
Report Number	
Officer	ID#

Complainant Information

Name (Last, First, MI)					
Address		City	State	Zip	Apt #
Date of birth	Telephone				
	Res:	Bus:			

Suspect Information

Please provide as much of the following requested information as possible to ensure the correct identification of the dog owner and to expedite the issuance of a complaint.

Name (Last, First, MI)						
Address		City	State	Zip	Apt #	
Sex	Race	Height	Weight	Hair color	Eye color	Approx age

Vehicle description (We use this to help identify the dog owner)

1) License #	Make	Color	2) License #	Make	Color
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Information on barking

You need to complete this section with one specific incident. Five occurrences are required. Use incident log to track all occurrences.

Number of Dogs at location?	Description of Dog/s? (Type, color, size)
Has barking occurred at least 5 times? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete incident log)	
Date barking occurred Month Day Year	Time barking began _____; Time barking ended _____ If barking was not continuous; Estimate total minutes during an hour in which barking occurred
Where was dog when barking occurred? (i.e.: inside or outside, front or rear yard, etc.)	
Where were you when the barking occurred? (i.e.: inside house, in yard, etc.)	
What do you think caused the dog to bark? (i.e.: the mailman, cat, etc.)	

Efforts taken to resolve the problem

Did you speak with the offending dog owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Reaction:	Did you leave a note for the offending dog owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Response:	
Did you Report this to your HOA? <input type="checkbox"/> Yes <input type="checkbox"/> No Response:	Have you tried using Solve It or other mediation service? <input type="checkbox"/> Yes <input type="checkbox"/> No Response:	
Are there other witnesses? (If yes, Name, address and phone) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attached documents and evidence: <input type="checkbox"/> Incident Log <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other _____		
Printed Name	Signature	Date

It is a misdemeanor to make a false report of a crime.

Barking Dog Incident Log

(One entry per day that the dog barked continuously for at least five (5) minutes)

#	Date	Time Began	Time Ended	Were Owners Home?	Location of Dog	Your Location	Description of event
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
11.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
12.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
13.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
14.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
15.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.				<input type="checkbox"/> Yes <input type="checkbox"/> No			