

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 _____
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.

Email form to sasainfo@stancounty.com or fax to (209)558-2138

Signature _____ Date ____/____/____

Visit our website at www.stanislausanimalservices.com, or visit us at
3647 Cornucopia Way, Modesto CA, Mon, Tues, Thurs, Fri 10 am – 5pm,
Sat 9 am – 5 pm, **Wed, 1 pm – 5 pm**

