

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 champostmaster@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 - Fri 9 am – 5pm, Sat 8 am – 5 pm

