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