## **Dog Lovers Club of Kings Point Incident/Complaint Report Form**

First Name	Last Name	Phone Number	Email
Date Incident Occurred _ Small Large side			Location
Type of Complaint			
<ul> <li>Dog Fight</li> </ul>			
<ul> <li>Serious Dog Fight</li> </ul>	with injuries to dog	)	
<ul> <li>Dog Fight with injur</li> </ul>	ries to human		
o Other			
Witness Information. M	lust complete		
Witness Name Email	Ph	one Number	
Witness Name	P	hone Number	
Email			
Humans/Dog Involved			
Owner's First Name Number		s Last Name	Phone
Dog's Name	Dog's Breed	Dog's Color	
Describe Incident			
DLC Incident Number	Date Recei	ved <u>/ /</u> G	C Review / /