COUNTY OF YUBA
SHERIFF'S DEPARTMENT

ANIMAL CARE SERVICES

CITIZEN COMPLAINT FORM **(Print Clearly)**

Wendell Anderson
SHERIFF CORONER YUBA
COUNTY SHERIFF'S
DEPARTMENT

MAILING ADDRESS:
Yuba County Sheriff Animal Care Services
5245 Feather River Blvd.
Olivehurst, CA 95961

TELEPHONE: (530) 741-6478

WEBSITE:
www.sheriff.co.yuba.ca.us

Date of Event: Time of Event: ☐AM ☐PM

COMPLAINANT (REPORTING PARTY) INFORMATION
Your Information

COMPLAINANT'S LAST NAME	FIRST NAME	MIDDLE NAME	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (If Different)	CITY	STATE	ZIP CODE

TELEPHONE NUMBERS

Home ( ) Other ( )

OWNER INFORMATION of PROBLEM ANIMAL(S)

OWNER'S LAST NAME	FIRST NAME	PHONE NUMBER	
ADDRESS OF ANIMAL(S)	CITY	STATE	ZIP CODE

Problem Animal(s) Description: DESCRIPTION OF ANIMAL(S) – TYPE, COLOR, BREED, SEX, NAME

Description of the dog barking incident
***Please include time, date, and duration of the dog barking**

Were there any other witnesses? (Provide name, address, and phone numbers)

Have you spoken with the owner of the dog? ☐**Yes** ☐ **No**
What other actions have you taken to address the issue?

Describe what happened on the back of this page

Please Use Other Side **MUST SIGN ON BACK** ➡

Mail this form to:
Yuba County Animal Care Services
5245 Feather River Blvd.
Olivehurst, CA 95961

For Office Use Only:
Activity # A___-_____
Scanned ☐ INT_____

What happened? Describe with as much detail as possible. Include any comments made by responsible party/person Use ONE form for each incident

Was Sheriff Department contacted about/during this event? ☐ YES ☐ NO

☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and I am willing to testify if legal proceedings should be required.

DATE: SIGNATURE: