



FOR OFFICE USE ONLY	
Received	
by _____	date _____
Customer Contacted	
by _____	date _____
Comments: _____	

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 _____
 Home Phone _____ Work Phone _____
 Cell 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.

Signature _____ Date ___/___/_____

Please feel free to call us at (209) 558-7387 (M – F 9 – 5), visit our website at www.animalservices.8m.com, or visit us at 2846 Finch Rd. M, T, Th, F 9 – 5; Wed 9 – 7; Sat, Sun 10 – 5.
 FAX (209) 558-8294.

