



Dog Control Act 2000 – Incident/Attack Report

Report Date		Report Time		am /pm
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Victim/Witness details:

Full Name:	
Date of Birth:	
Address:	
Phone No:	
Email:	

Description of Events:

Incident Date:		Incident Time:		am /pm
Location:				

Description of dog(s); (small/med/large, colour, long/short haired, shape)

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Was the owner in attendance when the incident occurred: Yes ☐ No ☐

Was the owner notified of the incident: Yes ☐ No ☐

Owner and/or dog(s) details (if known)

Name:	
Address:	
Phone Number:	

Describe the attack:

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Signature of Complainant		Date:	
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Nature of Injuries:

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Was medical or veterinary attention required?	
Doctor/Veterinarian/Hospital Attended:	
Address:	

(Please attach patient notes from doctor/veterinarian)

Details of any other witness(s) to the attack:

Name:	
Address:	
Phone No:	

Name:	
Address:	
Phone No:	

Is/are the witness(s) prepared to give information to Council or give evidence in court proceedings if necessary

Any photographs (dated and signed) of the dog, injuries and/or damage sustained should accompany this form.

Once council has received this report, a Compliance Officer will contact you to discuss the incident further. You may be asked to attend Council to complete a statutory declaration. You should be prepared to appear in court and give evidence as to the truth of your allegation if required.

Signature of Complainant		Date:	
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Completed form and attachments can be delivered to Southern Midlands Council's Customer service centres at Oatlands or Kempton or emailed to mail@southernmidlands.tas.gov.au