

GRAYSON COUNTY ANIMAL CONTROL COMPLAINT REPORT FORM



Fax form to (903) 465-2978 or e-mail to animalcontrol@co.grayson.tx.us

Reporting Party

*Name: _____ *Phone: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

Please describe the nature of the complaint or issue with all pertinent information including date, time(s) of incident, location of violation, the owners' information if known, and names and phone numbers of any witnesses. Attach additional pages and pictures as needed. If this is an emergency please contact the Grayson County Sheriff's Office immediately.

Complaint

Complaint Type: Cruelty: ___ Restraint Issue: ___ Stray(s): ___ Rabies: ___ Bite: ___ Other: ___

Owner: _____ Phone: _____

Date and Time of Incident: _____

Location of Violation: _____

Description of Animal(s): _____

Complaint: _____

"I certify under penalty of perjury under the laws of the State of Texas that the foregoing is true and correct and that I am willing to testify to this in a court of law."

Signature: _____ Date: _____

**You must complete your name and contact information. We will not accept anonymous complaints. Anonymity will be maintained between the complainant and alleged offender, except where necessary in a court of law. However, should this matter proceed to the court, you may be required to give evidence as a witness, your name and your filed complaint will become public information.*