



# TOWN OF RANDOLPH, VERMONT

## VICIOUS DOG COMPLAINT FORM

DATE: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

TOWN REPRESENTATIVE COMPLETING FORM: \_\_\_\_\_

**Person Reporting Attack:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email and Phone#:** \_\_\_\_\_ / \_\_\_\_\_

The facts of the attack are as follows:

**Date/Time:** \_\_\_\_\_ / \_\_\_\_\_

**Place of Attack:** \_\_\_\_\_

**Victim [name/address]:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email and Phone#:** \_\_\_\_\_

**Name of (alleged) attacking dog(s), if known:** \_\_\_\_\_

**Name of (alleged) attacking dog(s) owner, if known:** \_\_\_\_\_

*Check all that are applicable:*

- The attack did not require medical attention;
- The attack did not occur off the premises of the owner/keeper;
- The victim is requesting a vicious dog hearing with the Selectboard.
- The dog alleged to have attacked is registered with the Town and has up-to-date vaccinations.

**Other facts that may assist the investigation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you need additional space, please attach sheets to this form. Please submit this document and any supporting documentation to the address at the top of this form.*