



# CITY OF LOS ANGELES ANIMAL SERVICES

## NEW HOPE COMPLAINT FORM

### NEW HOPE GROUP IN QUESTION

New Hope Group: \_\_\_\_\_

Person(s) in New Hope Group that complaint is against:

Home Address: \_\_\_\_\_

Street Address

Suite#

City

State

Zip Code

### COMPLAINING PARTY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last

First

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

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

New Hope Group Affiliation: \_\_\_\_\_

### ALLEGATIONS

Did you personally witness the incident(s)?

Yes  No

When:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Address where incident(s) took place:

If you did not witness the incident(s), specify how you became aware of the allegation(s):

Name(s), e mail address and phone number(s) of other witnesses:

Describe the incident(s) and the date(s) that they occurred:

How was the information regarding the allegation(s) obtained?

If the incident(s) took place in another City or County, list the Animal Enforcement Agency servicing the area where the incident took place and the contact information for the Agency, including the name of the Agency Representative.

Describe all animals involved in the allegation(s):

List any collaborating evidence (documents/photographs, etc.) that support the allegation(s). Please Indicate if any of these items have been attached to this document:

Additional comments/remarks not previously listed:

FOR OFFICE USE ONLY

INVESTIGATE	INSUFFICIENT INFO	ABATE	TERMINATE	SUSPEND	CONTACT COMPLAINANT
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EMPLOYEE: \_\_\_\_\_ # \_\_\_\_\_ DATE: \_\_\_\_\_  
*PLEASE PRINT*