



State of New Jersey

DEPARTMENT OF AGRICULTURE
HEALTH / AGRICULTURE BUILDING
PO Box 330
TRENTON NJ 08625-0330

PHILIP D. MURPHY
Governor
SHEILA Y. OLIVER
Lt. Governor

DOUGLAS H. FISHER
Secretary

Date: _____

Complainant Information

Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Preferred Telephone Number: _____ Other Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

Complaint Against

Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____
Preferred Telephone Number: _____ Other Telephone Number: _____
Fax Number: _____
E-Mail Address: _____

Complaint

Dates of Alleged Cruelty: _____ From: _____ To: _____
Animal species involved: _____
What is the nature of the complaint? _____

Please describe the facts of your complaint in the order in which they happened. Please be specific and print clearly. In the fillable PDF, you can only type 125 characters per line. You may use additional sheets of paper if they are needed.

I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature* _____ Date _____

Return to:

Postal Service: PHEAL, State Police Division Headquarters, P.O. Box 330, Trenton, NJ 08625
Courier Service/Specimen and Animal Drop-off to: PHEAL, State Police Division Headquarters,
3 Schwarzkopf Dr., Ewing, NJ 08628
Phone: (609) 671-6400 Fax: (609) 671-6413

State Veterinarian email address: state.veterinarian@ag.state.nj.us

* This certification must be signed by the person who has completed this form.