



# State of New Jersey

DEPARTMENT OF AGRICULTURE  
33 West State Street 4<sup>th</sup> Floor  
PO Box 334  
TRENTON NJ 08625-0334

CHRIS CHRISTIE  
*Governor*

DOUGLAS H. FISHER  
*Secretary*

KIM GUADAGNO  
*Lt. Governor*

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. 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:** Division of Animal Health, NJ Dept. of Agriculture, PO Box 330, Trenton, NJ 08625  
Phone: (609) 292-3965 Fax: (609)777-8395  
State Veterinarian email address: [state.veterinarian@ag.state.nj.us](mailto:state.veterinarian@ag.state.nj.us)

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