City of Lewisville

**Official Dog Complaint**

**Name of person filing complaint**

**Address Mailing Address**

**Home phone # Work phone # Cell phone #**

**Are you willing to testify in court? Yes or No**

**Nature of Complaint**

**Description of the dog:**

**Color**

**Breed**

**Size**

**Collar, Leash, Tags Photograph Yes or No**

**Property Damage**

**Owner of Dog Address of dog(s) in question**

**Person(s) bitten by dog and extent of injury**

**Medical services needed? Yes or No Where was the victim treated?**

**Have you seen this dog before this instance? Yes or No How many times and where?**

**Signature Date**