DOG COMPLAINT FORM

TOWN OF CLARKSON

FOR ALL DOG COMPLAINTS,

PLEASE CALL THE TOWN DOG CONTROL OFFICER FIRST:

DAVID MAYNARD Dog Control Officer 585-353-8177

THE DOG CONTROL OFFICER IS USUALLY IN THE FIELD.

THE BEST WAY TO CONTACT HIM IS BY CALLING THE PHONE NUMBER.

IF THE DOG CONTROL OFFICER NEEDS A DOG COMPLAINT IN WRITING, A DOG COMPLAINT FORM AND THE INSTRUCTIONS ARE ATTACHED.

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INSTRUCTIONS FOR DOG COMPLAINT DEPOSITIONS PLEASE READ CAREFULLY

A deposition is your sworn statement describing events you personally witnessed. A Dog Control officer shall investigate such complaints and, if supported by substantial evidence, may issue a ticket based on your deposition. This statement must be legally accurate in order to be used in court.

- 1. Report only those incidents that you have personally observed. Hearsay, (i.e., what someone else told you) and opinions are NOT acceptable.
- 2. Be sure to provide the address where the dog resides and the owner/harborer's name, if known, so that the Dog Control Officer can locate the owner for follow-up.
- 3. Give the time, date, and place of the alleged violation. If a violation such as barking occurs constantly, you must indicate a specific date(s) and time(s) during which you personally witnessed the alleged event(s).
- 4. Describe the specific violation fully. Listing "nuisance" or "dangerous" is not enough information for the court. In bite cases, state who was bitten and what injury occurred. In property damage cases, list what was damaged and how it was damaged (i.e., chewed, clawed, etc.). Be sure to include the time, date, and place at which the incident occurred.
- 5. You are strongly encouraged to include supporting evidence and accompanying depositions from independent eye witnesses who can corroborate your complaint. Such evidence will facilitate our investigation and strengthen your complaint so that we may better address the alleged violation. The absence of supporting evidence will limit our investigation and may preclude issuance of citations.
- 6. Sign your own first name. For instance, "Mary Smith." Do not sign the deposition with "Mrs. John Smith." In some cases where husbands and wives are jointly complaining, again use first names for both individuals. The signatures should read: "Mary Smith" and "John Smith".
- 7. Please print your full addresses and record phone numbers for yourself as it may be necessary to contact you during the investigation or in the event of a violation hearing.
- 8. Please print legibly.
- 9. Once completed and signed, **please mail the deposition to** the Dog Control Officer at:

Town of Clarkson Dog Control Officer PO Box 858 Clarkson, NY 14430

Please Note: Court personnel can not provide legal advice or answer questions about your complaint. The Dog Control Officer is typically in the field and may be reached at: (585) 353-8177.

SUPPORTING DEPOSITION FOR DOG COMPLAINT

STATE OF NEW YORK) COUNTY OF MONROE) TOWN OF CLARKSON) SS:

I/We depose and say that:

1.	My/Our names and contact information are:											
	Name:											
	Address:											
	Phone:											
	Email:											
								Email:				
							2.	The time and date of the violation was:				
									, 20	(Month, Day, Year) at about	🗆 AM 🛛 PM (Time)	
3.	The place of the violation was in the vicinity of:											
(Stree	et Number & Na	me) in the	Town of Clarkson, County of Monr	oe and State of New York.								
4.	The Dog(s) <u>committing the violation</u> are described as:											
Breed	l(s)		Color(s)	Size(s)								
Speci	fic Markings/Cha	racteristics_										
Name	e(s)		License #(s)	Other:								
5.	I personally of	<u>bserved</u> the a	above described dog(s) commit the f	following acts:								

(DESCRIBE WHAT YOU WITNESSED BELOW. BE SPECIFIC. INCLUDE: NAME(S), DATE(S), TIME(S), LOCATION(S).

in the	vicinity of		(Street Number & Name
	ne Town of Clarkson, County of Monroe and Sta		
6.	The Owner(s) of the Dog(s) (if known): An		harbors, or keeps the Dog(s):
	Name:		
	Address:		
	Phone:		
	TICE: FALSE STATEMENTS MADE HI DEMEANOR PURSUANT TO SECTION V.		
I	Affirmed under penalty of perjury, this	Day of	, 20
	Y		
	X(complainant-witness signature)		
	X		

(complainant-witness signature)