

All Communication address to the General Manager

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DX 26402 Shellharbour City Centre

DOG ATTACK REPORT DETAILS OF THE VICTIM

Name (Full Name):				
of (Full Address):				
Date of Birth:	Occupation:			
Phone No. (H):	(W):	Mobil	e:	
DETAILS OF THE ATTACK				
Address where attack took place: _				
Time:		Date:		
Address of where the dog lives:				
DESCRIPTION OF DOG				
Breed:	Sex: _		Colour:	
Approximate age of the dog:				
DETAILS OF THE ATTACK				
What were you doing?				
Who was with you?				
What direction were you going?				
What injuries did you suffer?				
Where you seen by a Doctor:				
Doctor's Name:				
Doctor's Address:				
Did you receive a medical certificat				
Has this attack been reported to the Police?				

Police Officer's	Name:
Police Station:	
In your own wo	rds tell me what happened?
	Read through and when you are satisfied that all statements are correct, rule off all unused spaces after the last word written.
Please Read:	Statements made by you on this form may be used in a Court of Law. Your signature below indicates that you are willing to give this evidence in Court if necessary.
Signed:	Date:
	DETAILS OF ANY WITNESSES
<u>Name</u>	<u>Address</u>
1	
2	

Please attach copies of any medical certificates you may have pertaining to this attack

Your Privacy

Shellharbour City Council respects your privacy at all times. When processing your application we collect personal information about you for the primary purpose of providing you with a high level of customer service.

For more information please see our Privacy Management Plan on our website www.shellharbour.nsw.gov.au or contact our Privacy Officer on (02)4221 6111. Information leaflets are also available at all offices and libraries.

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