



**COMMONWEALTH OF MASSACHUSETTS**  
 Franklin County Sheriff's Office  
 160 Elm Street  
 Greenfield, MA 01301

**DOG COMPLAINT**  
**G.L. c.140, §157**

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date and time of Incident: \_\_\_\_\_  
 Location of Incident: \_\_\_\_\_  
 Description of Incident: \_\_\_\_\_

**DOG INFORMATION:**

Dog's Name (if known): \_\_\_\_\_  
 Description (breed, color, distinctive markings, etc.): \_\_\_\_\_  
 \_\_\_\_\_

**OWNER INFORMATION (if known)**

Owner's Name: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
 Owner's Address: \_\_\_\_\_

**COMPLAINT**

I, the complainant identified above, state that the dog described in this complaint:

- Constitutes a nuisance because it (you **must** select one of the following):
  - has a vicious disposition
  - barks excessively
  - causes the following disturbance (describe): \_\_\_\_\_  
 \_\_\_\_\_
- By reason of its excessive barking/and or other disturbance, constitutes a source of annoyance to the following sick person (name and address)  
 \_\_\_\_\_  
 \_\_\_\_\_

**STATEMENT**

I understand that my identity will not be released during the investigation and that if the investigation results in a hearing. I will be required to attend the hearing and make my complaint before the Hearing Authority. This complaint is made under the penalties of perjury.

\_\_\_\_\_  
 Signature of Complainant

\_\_\_\_\_  
 Date of Complaint

Return completed signed complaint to:  
**Franklin County Regional Animal Control**  
**10 Sandy Lane**  
**Turners Falls, Ma 01376**

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_  
 Case No.: \_\_\_\_\_