



## Bureau of Animal Health and Welfare Complaint Form

This Form is for submission of complaints about licensees under the Animal Welfare Act and complaints about violations of the Humane Care for Animals Act. Complaints cannot be anonymous and must be firsthand information. While the Department will not provide Complainant information name unless approval is granted below, due to the nature of complaints and the specific questions that we may ask, the respondent may deduce who filed the complaint. If you have any questions, please call us at 217-782-4944.

### Complainant Information (Your Information)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Permission to provide your name to the respondent?  YES  NO

### Respondent Information (Person Complaint is About/Against)

Name or Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Is this information firsthand information?  YES  NO

Have you previously made a complaint regarding this Respondent?  YES  NO

If yes, please provide the approximate date, a brief description of the nature of the prior complaint, and what entity received the complaint:

Description and nature of the complaint you are making today (please include dates):

Have you reported the above complaint to any other entity?  YES  NO

If yes, please identify the entity(ies) and the date(s) the complaint was reported:

I attest that the information provided above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL USE ONLY

Date Form Received \_\_\_\_\_ By \_\_\_\_\_

Docket Generated? YES NO Docket Number \_\_\_\_\_