

Barking Dog Complaint Form

Name of Complainant: _____
(Mr/Mrs/Ms) (First Name) (Last Name)

Address of Complainant: _____
(Unit/House No.) (Street) (Suburb) (Postcode)

Contact Details: Mobile: _____ Email: _____

Address of barking dog(s): _____

Name of dog(s) (if known): _____

Does one dog bark more than the other? Yes No NA

If yes which dog? _____

Description of dog(s): _____

Colour: _____ Breed: _____ Size: small medium large

The following information will assist us in trying to resolve the nuisance barking.

1. Have you approached the dog owner to discuss the problem? Yes No

What action did they take? _____

If no, why not? _____

2. Barking occurs: Once Twice Several times per day

3. Have you clearly seen dog(s) barking on the property? Yes No

4. Barking may last for: _____ minutes _____ hours

5. Barking increases when: owners leave the property owners are home

other: _____

6. Dog is barking at: people passing property neighbour's dog/cat/children

dogs passing property postman

nothing possum or bird

other: _____

7. Dog is barking at the: front of property back of property side of property
 other: _____

8. When dog barks it will: run along fence jump onto fence
 other: _____

9. When does the dog barking occur?

Morning Daytime Evening Night
Midnight – 8 am 8 am – 6 pm 6 pm – 8 pm 8 pm - midnight

10. How would you describe the barking?

Bark Yap Whine Growl Howl

11. Where can you hear the barking from?

The street Your yard (front and or rear) Inside your house

12. How does the barking cause a nuisance to you?

13. Other relevant information:

Please be aware Council does not disclose your details to the dog owner, however at any stage throughout the process the dog owner does have the right to lodge a Freedom of Information application which may result in your details being obtained.

Justice of the Peace

I, _____,
(full name)

Do solemnly and sincerely declare that

I agree: 1. To give full information to the Council as to this matter, and

2. To appear in Court and give evidence as a witness to the truth of this complaint.

I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1936.

Declared at _____

in the State of South Australia, this _____ day of

_____ 20 _____

.....
Signature of person making this declaration
[to be signed in front of an authorised witness]

Before me,

.....
Signature of authorised witness

Please return this completed and signed form by either of the following methods:

- In person at the City of Burnside Customer Desk, 401 Greenhill Road, Tasmore SA 5065
- By email to burnside@burnside.sa.gov.au
- By post to PO Box 9, Glenside SA 5065