



Coaldale & District Municipal Enforcement
1920-17th Street, Coaldale, Alberta T1M 1M1
Ph: 1.844.645.2635

Barking Dog Complaint Report Form

Complainant Information

Your name, home phone number, home address and postal code are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act.

Date: _____

Name: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Are you willing to testify in court? (circle one) YES NO

Complainant Signature: _____

1. Type of residence and address: ___ Single Dwelling ___ Duplex ___ Condo ___ Apartment

2. Number of dogs being reported: _____

3. Identify breed of dog(s) if possible: a. _____ b. _____

4. What colour is/are the dog(s): a. _____ b. _____

5. When do the dog(s) bark: Time(s) of day _____ Day of week _____

6. Where on the property is/are the dog(s) located: _____

7. Can you observe the dog(s) barking: ___ Yes ___ No

8. Can you identify the offending dog(s): ___ Yes ___ No

9. Can you identify when the owner is home: ___ Yes ___ No

10. Is/are the dog(s) outside when the owner is away: ___ Yes ___ No

11. Have you extended the courtesy and discussed this with the owner? If not why? _____

12. How long has the dog(s) resided at this address: ___ Months ___ Years

