## RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## **DIVISION OF AGRICULTURE**

235 Promenade Street, Room 370 Providence, Rhode Island 02908

## ANIMAL HEALTH AND WELFARE COMPLAINT FORM

Submit Form to the above address **or** fax to 401-222-6047 **or** email to <u>marisa.coates@dem.ri.gov</u>

## **Complainant Information**

DATE / TIME OF COMPLAINT:		
Name of Complainant:		
Address:		
City:		
Phone:	Cell Phone:	
Email:		
Information about Person or Business tha	t Complaint	is against:
Person and/or Business Name:		
Address:		
City:	State:	Zip:
Phone:		<del>-</del>

NOTE: Complainant may be contacted by the DEM/Division of Agriculture or Division of Law Enforcement if further information is required. If investigation of this complaint could result in criminal charges against a business or private party, the Complainant may be asked to submit a witness statement to the Division of Law Enforcement. The Department cannot guarantee that a Complainant's identity will remain anonymous in cases where the Complainant may serve as a witness. (FEB 2018)