DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade Street, Room 370, Providence, RI 02908-5767
Phone: 401-222-2781 Fax: 222-6047 TDD: 711 http://www.dem.ri.gov

ANIMAL HEALTH AND WELFARE COMPLAINT FORM

Fill out form and submit to the above address or via fax or email.

Complainant Information: **DATE OF COMPLAINT: _____**

Name: _____
Address: _____
City/ State/Zip: _____
Phone: _____ Cell Phone: _____
Email: _____

Information about Person or Business that Complaint is against:

Person or Business Name: _____
Address: _____
City/ State/Zip: _____
Phone: _____

Provide details of Complaint including date and approximate time of incident, any applicable Veterinary records if treatment was sought, any photos, etc. Attach any pertinent information.

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DEM Response or action to resolve complaint: _____

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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.