



BRAHAM POLICE DEPARTMENT
Chief of Police Kevin Stahl



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Office: (320) 396-3383, ext. 699
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ANIMAL COMPLAINT FORM

COMPLAINANT INFORMATION (REQUIRED)

Your Name: (Last, First, Middle) Your DOB:
Your Address: Apt #:
Your Phone Number:

ANIMAL INFORMATION (REQUIRED)

Name of Owner: [ ] Unknown
Owner Address: Apt #:
Owner Phone #: ( )
Description of Animal(s):

Provide Specifics of Complaint: (date, time, location, frequency, what, etc.)

Have you contacted the owner with your complaint? [ ] YES [ ] NO
If YES, when did you make contact? What was the outcome?
If NO, why not?

SIGNATURE (REQUIRED)

By signing below you declare under penalty of perjury that the information supplied above is true and accurate to the best of your knowledge.
X \_\_\_\_\_ Date: \_\_\_\_\_