



# State of New Jersey

DEPARTMENT OF AGRICULTURE  
HEALTH / AGRICULTURE BUILDING  
PO Box 330  
TRENTON NJ 08625-0330

PHILIP D. MURPHY  
*Governor*  
SHEILA Y. OLIVER  
*Lt. Governor*

DOUGLAS H. FISHER  
*Secretary*

Date: \_\_\_\_\_

### ***Complainant Information***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Preferred Telephone Number: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### ***Complaint Against***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Preferred Telephone Number: \_\_\_\_\_ Other Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

### ***Complaint***

Dates of Alleged Cruelty: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Animal species involved: \_\_\_\_\_  
What is the nature of the complaint? \_\_\_\_\_

Please describe the facts of your complaint in the order in which they happened. Please be specific and print clearly. In the fillable PDF, you can only type 125 characters per line. You may use additional sheets of paper if they are needed.

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I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**  
**Postal Service: PHEAL, State Police Division Headquarters, P.O. Box 330, Trenton, NJ 08625**  
**Courier Service/Specimen and Animal Drop-off to: PHEAL, State Police Division Headquarters,**  
**3 Schwarzkopf Dr., Ewing, NJ 08628**  
**Phone: (609) 671-6400 Fax: (609) 671-6413**  
**State Veterinarian email address: [state.veterinarian@ag.nj.gov](mailto:state.veterinarian@ag.nj.gov)**

\* This certification must be signed by the person who has completed this form.