

## New Jersey Department of Health

Date of Complaint Submission:
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### Office of Veterinary Public Health

## LICENSED ANIMAL FACILITY OR ANIMAL CONTROL OFFICER COMPLAINTS

*This document is to be used by individuals to submit a complaint against a New Jersey licensed animal facility (shelter, pound, pet shop, or kennel) or an Animal Control Officer to the New Jersey Department of Health, Office of Veterinary Public Health. Municipalities are responsible for licensing animal facilities in their jurisdictions, and the local health authority performs inspections of animal facilities to ensure their compliance with local and state rules and regulations.*

**For complaints against licensed animal facilities, individuals should first contact the local health department where the facility is located prior to submitting a complaint to NJDOH.**

Contact information for local health departments can be found here: <https://www.nj.gov/health/lh/community/>

Please be advised that any information you supply may be subject to public disclosure pursuant the New Jersey Open Public Records Act at N.J.S.A. 47:1A-1 et seq.

<b>Complainant Contact Information</b>			
<i>Note: NJDOH may share this information to local health departments for follow up.</i>			
First name:		Phone Number:	
Last name:		Email:	
Preferred Method of Contact	Email	Phone Number	
Are you affiliated with a group or organization?	Name and specify type:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Complaint Type</b>
This is a complaint about: A licensed animal facility (shelter, pound, pet shop, or kennel) in New Jersey (Fill in Section A) An Animal Control Officer (ACO) (Fill in section B)

<b>Section A - Licensed Animal Facility Information</b>			
Facility Name:			
Phone Number:		Email:	
Address			
	Street Address	City	
	State                  Zip	County	Municipality
<b>Local Health Department Information:</b>			
Name of the local health department			
Date first contacted (approximate date if unknown)			
Name of individual contacted, if available			
What actions were taken by the local health department, if any?			

**Section B - Animal Control Officer (ACO) Information***Note: Complainants should first contact the municipality or local health authority where the ACO is employed*

ACO Name:	
County where ACO is employed:	
Municipality where ACO is employed:	

If this individual is employed in any animal facility or animal control company:

Name:				
Email:		Phone Number:		
Address	Street Address	City	State	Zip

Which municipality or local health department was contacted?
List the date of first contact:
List the name(s) of individual(s) contacted, if available:
If applicable, please provide information about actions taken by the municipality or local health authority, in the space below:

**Complaint Information***Note: All complaints will be reviewed for further follow up and/or investigation, however complainants will only receive follow-up correspondence from the Department of Health concerning this complaint if they have firsthand knowledge.*

Do you have firsthand knowledge (something you personally observed) about the complaint you are reporting?	Yes	No
List all dates involved for this complaint:		

In the space below, please describe the facts of your complaint in the order in which they happened. Please be specific and include any relevant persons and animals involved, if applicable:

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Please send this completed form, along with any additional documentation pertaining to this complaint, to [VPH@doh.nj.gov](mailto:VPH@doh.nj.gov)