

**CITY OF CHANDLER**  
**BARKING DOG/INCIDENT REPORT**

Provide this form to the responding officer  
 \* Complete all items below. Write UNKNOWN if you do not know the answer.

For use by city only	
Date	Time
Report Number	
Officer	ID#

Complainant Information						
Name (Last, First, MI)						
Address		City	State	Zip	Apt #	
Date of birth	Telephone					
	Res:	Bus:				
Suspect Information						
Please provide as much of the following requested information as possible to ensure the correct identification of the dog owner and to expedite the issuance of a complaint.						
Name (Last, First, MI)						
Address		City	State	Zip	Apt #	
Description						
Sex	Race	Height	Weight	Hair color	Eye color	Approx age
Vehicle description (We use this to help identify the dog owner)						
1) License #	Make	Color	2) License #	Make	Color	
Information on barking						
You need to complete this section with one specific incident. Five occurrences are required. Use incident log to track all occurrences.						
Number of Dogs at location?		Description of Dog/s? (Type, color, size)				
Has barking occurred at least 5 times?						
<input type="checkbox"/> Yes <input type="checkbox"/> No (complete incident log)						
Date barking occurred		Time barking began _____; Time barking ended _____				
Month	Day	Year	If barking was not continuous; Estimate total minutes during an hour in which barking occurred _____			
Where was dog when barking occurred? (i.e.: inside or outside, front or rear yard, etc.)						
Where were you when the barking occurred? (i.e.: inside house, in yard, etc.)						
What do you think caused the dog to bark? (i.e.: the mailman, cat, etc.)						
Efforts taken to resolve the problem						
Did you speak with the offending dog owner?			Did you leave a note for the offending dog owner?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Reaction:			<input type="checkbox"/> Yes <input type="checkbox"/> No Response:			
Did you Report this to your HOA?			Have you tried using Solve It or other mediation service?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Response:			<input type="checkbox"/> Yes <input type="checkbox"/> No Response:			
Are there other witnesses? (If yes, Name, address and phone)						
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Attached documents and evidence: <input type="checkbox"/> Incident Log <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other _____						
Printed Name			Signature			Date