Tennessee Department of Health
Division of Health Licensure and Regulation
Nashville, TN 37243

COMPLAINT REPORT FOR DOG AND CAT DEALERS

Subject of Complaint:

FACILITY/BUSINESS NAME	BUSINESS OWNER OR LICENSEE
PHYSICAL ADDRESS	PHONE ( )
CITY STATE ZIP	PHONE ( )
MAILING ADDRESS	EMAIL ADDRESS
CITY STATE ZIP	WEB ADDRESS

Person Filing Complaint:

NAME *(FIRST, MIDDLE, LAST)*	PHONE ( )
PHYSICAL ADDRESS	PHONE ( )
CITY STATE ZIP	PHONE ( )
MAILING ADDRESS	EMAIL ADDRESS
CITY STATE ZIP	

Are there witnesses who know about your complaint and could give us further information? If so, please provide their information below.

Witnesses:

NAME	ADDRESS	PHONE NUMBER
		( )
		( )
		( )
		( )
		( )
		( )
		( )
		( )
		( )

SUMMARY OF COMPLAINT	Please write legibly and provide full details (i.e., dates, locations). Also, provide any available documents (i.e., sale documents, correspondence, advertisements, photographs). Attach additional sheets if necessary. **Note: All materials received in connection with this report become the property of the Department of Health and cannot be returned.**

Would you be willing to testify if this matter goes to a formal hearing? ☐ Yes ☐ No

PLEASE RETURN BY MAIL OR EMAIL TO:	**I certify that all information provided in this complaint is true and correct to the best of my knowledge.**
Tennessee Department of Agriculture P.O. Box 40627 Nashville, TN 37204 Or Animal.Health@tn.gov	**SIGNATURE** _____ **DATE** _____