

Dog Incident Report



Skwxwú7mesh Úxwumixw
Squamish Nation

Complainant Information

Sections marked with a (*) are **REQUIRED**

Name:*

Email Address:*

Phone:*

Your Address:*

Postal Code:*

Incident Details

Sections marked with a (*) are **REQUIRED**

Name of injured person or animal:*

Details of the Other Party:

(e.g. dog/owner name or description, contact info if known):

Date of Incident:*

Location of Incident:*

Type of Incident:

(Check one or more)

Dog Attack (Aggressive Dog)

Dog Not Under Control

Failure to Pick Up Dog Waste

Animal in Distress

Other:

What Happened:*

(Provide a clear description of the incident. Include any photos or documents, if available):

Signature:*

Date:*

By signing this form, I confirm that the information given is true and correct to the best of my knowledge



Submit Completed Forms to:

Ta na wa Téýwilhaýlhem
Public Safety Department

Mail: 415 West Esplanade Ave, North Vancouver, BC V7M 1A6

Email: public_safety@squamish.net

Phone: 604-982-9938

To avoid delays, please ensure all fields are completed. Include any documentation including but not limited to documents and photos.

Office Use Only



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Enforcement Officer Information

Sections marked with a (*) are **REQUIRED**

SN Rep Assigned:*			
Staff Email Address:*		Staff Phone:*	

Incident Details

Sections marked with a (*) are **REQUIRED**

Type of Incident: <i>(Check one or more)</i>	Dog Attack (Aggressive Dog)	Dog Not Under Control	Failure to Pick Up Dog Waste
	Animal in Distress	Other:	
Documents Submitted: <i>(Check one or more)</i>	Photos	Emails	Other Documentation
Recommended Next Step:			
Resolution/Outcome:			
General Comments:			