## USDA, APHIS, Animal Care ANIMAL WELFARE COMPLAINT

To report a concern about an animal covered under the Animal Welfare Act or the Horse Protection Act, please complete the form below.

## Details of complaint:

In the box below, please give a detailed description of your concern. The types of information that would be helpful to us include: the date of the incident; the type(s) of animal(s) present; the behavior of the animal(s); the condition of the animal(s); the condition of the facility; the actions of the person with the animals; the location of the incident; etc.

Name of USDA

licensee/registrant (if known)

license/registration

number (if known)

City (required) State (required)

## Your contact information:

You can choose to remain anonymous; however, providing this information will give USDA Animal Care a way to contact you if we need additional information.

Name Organization

Street address Apt/Suite

City State

Zip Phone number

Email:

Thank you for your interest in the welfare of animals that are covered by the Animal Welfare Act and the Horse Protection Act. We will look into your

concerns as soon as possible. If you would like to know the outcome of your complaint, please make a Freedom of Information Act (FOIA) request.

g to the Paperwork Reduction Act of 1995, an agency may not or sponsor, and a person is not required to respond to, a of information unless it displays a valid OMB control The valid OMB control number for this information collection 377. The time required to complete this information collection ed to average .5 hours per response, including the time for g instructions, searching existing data sources, gathering and ng the data needed, and completing and reviewing the of information.