

## USDA, APHIS, Animal Care ANIMAL WELFARE COMPLAINT

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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)	USDA license/registration number (if known)
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City (required)	State (required)
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### 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
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Street address	Apt/Suite
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City	State
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Zip	Phone number
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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](#).

Under the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this information collection is 0579-0377. The time required to complete this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.