According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 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.

OMB Approved 0579-0036 EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANIMAL CARE

ANIMAL WELFARE COMPLAINT WORKSHEET

Complaint No.:		Date Entered:		Receive	ed By:
Referred To:			Reply Due:		Oue:
Facility or Person Complaint Filed Against:					
Name:			Customer No.: License/Registration No.:		
Mailing Address:					
City:	State:		Zip Code:		Phone No.:
O a manufactura and					
Complainant Name:					
Name.					
Mailing Address:					
Walling Address.					
City:	State:		Zip Code:		Phone No.:
City.	olale.		Zip Code.		Filone No
How was complaint received?					
Details of Complaint:					
Results:					
Application Packet and Information Provided: YES. No.					
Inspector:			Date:		
Reviewed By:			Date:		