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OMB APPROVED
0579-0036

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

ANIMAL WELFARE COMPLAINT

COMPLAINT NO.:	DATE ENTERED:	PROCESSED BY:
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REFERRED TO:	REPLY DUE:
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FACILITY OR PERSON COMPLAINT FILED AGAINST

NAME:	CUSTOMER NO.:	LICENSE NO.:
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ADDRESS:	EMAIL ADDRESS:
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CITY:	STATE:	TELEPHONE NO.:
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COMPLAINANT INFORMATION

NAME:	ORGANIZATION:
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ADDRESS:	EMAIL ADDRESS:
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CITY:	STATE:	TELEPHONE NO.:
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HOW WAS COMPLAINT RECEIVED?

DETAILS OF COMPLAINT:

RESULTS:

APPLICATION KIT PROVIDED:

YES NO

INSPECTOR:	DATE:
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REVIEWED BY:	DATE:
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