



State of New Jersey

DEPARTMENT OF AGRICULTURE
HEALTH / AGRICULTURE BUILDING
PO Box 330
TRENTON NJ 08625-0330

PHIL MURPHY
Governor
SHEILA OLIVER
Lt. Governor

DOUGLAS H. FISHER
Secretary

Date:

Complainant Information

Name:
Address:
City: County: State: Zip Code:
Preferred Telephone Number: Other Telephone Number:
Fax Number:
E-Mail Address:

Complaint Against

Name:
Address:
City: County: State: Zip Code:
Preferred Telephone Number: Other Telephone Number:
Fax Number:
E-Mail Address:

Complaint

Dates of Alleged Cruelty: From: To:
Animal species involved: _____
What is the nature of the complaint? _____

Please describe the facts of your complaint in the order in which they happened. Please be specific and print clearly. In the fillable PDF, you can only type 125 characters per line. You may use additional sheets of paper if they are needed.

I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature* _____ Date _____

Return to:
Postal Service: PHEAL, State Police Division Headquarters, P.O. Box 330, Trenton, NJ 08625
Courier Service)/Specimen and Animal Drop-off to: PHEAL, State Police Division Headquarters,
3 Schwarzkopf Dr., Ewing, NJ 08628
Phone: (609) 671-6400 Fax: (609) 609-671-6413
State Veterinarian email address: state.veterinarian@ag.state.nj.us

* This certification must be signed by the person who has completed this form.