

TOWN OF BROOKLINE VERMONT
VICIOUS DOG COMPLAINT FORM

[Date] _____

Attn: Selectboard Chair

PO BOX 403 Grassy Brook Road

Brookline, Vermont 05345

802 365 4648

Brookline.selectboard@comcast.net

State law (20 V.S.A. § 3546) requires the Selectboard to hold a vicious dog hearing when a domestic pet or wolf-hybrid has bitten a person while the animal is off the premises of its owner or keeper, the person bitten requires medical attention for the attack, and such person files a written complaint with the Selectboard. The information submitted on this form will be used to determine whether such a hearing is warranted.

Person Reporting Attack: _____

Street Address: _____

Town, VT, ZIP: _____

The facts of the attack are as follows:

Date/Time: _____ / _____

Place of Attack: _____

Did the Person Bitten Require Medical Attention? [Circle one]: **Y/N**

Victim [name/address]: _____

Other facts that may assist the Selectboard in its investigation [e.g. name/address of owner of alleged suspected dog/description of suspected dog/circumstances leading to attack, etc.]:

If you need additional space, please attach sheets to this form. Please submit this document and any supporting documentation to the address at the top of this form