



CRUELTY COMPLAINT FORM AND INSPECTOR'S REPORT

IFBN10052

Complaint No.

DATE OF COMPLAINT: 23 - february TIME: 10:00**COMPLAINANT DETAILS:**NAME & SURNAME: Anonymous

ADDRESS: _____

E-MAIL: _____ TEL: _____ CELL: 073 849 7399**ADDRESS OF PREMISES / PERSON TO BE INVESTIGATED:**

NAME & SURNAME: _____

ADDRESS: 3 madjadji Street, Sausville

E-MAIL: _____ TEL: _____ CELL: _____

NATURE OF COMPLAINT:

Neighbor has goats (2). He must have not been feeding them. The goats cry a lot at night.

Complainant notified:	Date: <u>24/2/2023</u>	Time: _____
Telephonically ☒	E-mail ☒	In person ☐

INVESTIGATION REPORTDATE: 24/2/2023 TIME: 11h29 WARNING No _____**Access granted by:****List animals seen:**

(This section is crossed out with a large diagonal line.)

Concerns	Yes	No
Water available		
Adequate shelter available		
Adequate space available		
Clean living environment		
Animal/s chained / tethered / caged		
Animal/s in good condition		
Veterinary problems / health concerns		
Note: Any concerns noted in this table must be explained in detail in the Inspector's report.		

Report/Findings:

The complaint was attended to and on our way to the address the complainant was contacted for more details regarding the goats. He pointed out and confirmed that the goats are in acceptable condition it's just that they are crying a lot causing a nuisance. We further advised him as to where to report the case and provided him with our contact details for further guidance and or assistance.

Action taken: (i.e. warning, education, seize, etc)INSPECTOR: MPHO LEBETHESIGNATURE: (Signature)