

CRUELTY COMPLAINT SHEET AND INSPECTOR REPORT

DATE & TIME OF COMPLAINT:	2025-01-02 12:44	TYPE OF COMPLAINT:	CRUELTY
INITIAL / ASSIGNED INSPECTOR:	LEE PRINS	INSPECTION CATEGORY:	D2E - DOG - DIRTY / PARASITIC /

COMPLAINANT DETAILS:

NAME:	YVONNA	EMAIL:	
BUILDING:		TELEPHONE:	
STREET:		ALTERNATE/CELL:	0723757022
SUBURB:		PROVINCE:	WESTERN CAPE
TOWN/CITY:		POST CODE:	

ADDRESS OF PREMISES / PERSON TO BE INVESTIGATED:

NAME:		EMAIL:	
COMPANY:		TELEPHONE:	
IDENTIFICATION:		ALTERNATE/CELL:	
BUILDING:			
STREET:		CROSS STREET:	
TOWN/CITY:	CAPE TOWN	POST CODE:	
SUBURB:	CAPE FARMS		
STATISTICS AREA:	ATO : ATLANTIS		

NATURE OF COMPLAINT:

REFERENCE INSP209377: PREVIOUS CASE WAS LOST WHEN WFT CRASHED

DATE CAPTURED: 2025-01-02

CAPTURED USER: TEAH MURPHY