

Statement Form – Dog attack allegation

Privacy Collection Notice

Logan City Council is collecting your personal information for the purposes of performing its functions in investigation an allegation of a dog attack. Your personal information may be accessed by employees, contractors and / or Councillors of Logan City Council, and other Government agencies. Your personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Logan City Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see logan.qld.gov.au/privacy.

DETAILS OF: <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> DOG OWNER <input type="checkbox"/> WITNESS (please tick)				
Name			Date of birth	
Address				
			Postcode	
Contact details:	Phone			
	Email			

DETAILS OF INCIDENT				
Date of incident			Time	
Address / location where incident took place				

DESCRIPTION OF DOG (e.g. distinguishing features like spots, markings, sex, breed, colour, size, collar)				

TELL US WHAT HAPPENED

If necessary, please complete additional pages and sign each page.

I have been advised by _____, the investigating officer, that should this matter proceed to Court or the Queensland Civil Administrative Tribunal (QCAT), I may be required to appear as a witness. I understand I may be required to continue to assist Council in its investigation beyond providing this statement. I have been advised that if I decline to provide a statement or assist in the investigation Council may be limited in what action it can take as a result of the incident.

Justices Act 1886

I acknowledge by virtue of section 110A(6C) of the *Justices Act 1886* that

- (i) This written statement by me dated _____ and contained in the pages numbered 1 to _____ is true to the best of my knowledge and belief.
- (ii) I make this statement knowing that, if it were admitted as evidence, I may be liable to prosecution for stating in it anything that I know is false.

Name:

Signature:

Date:

TELL US WHAT HAPPENED *(Continued)*

If necessary, please complete additional pages and sign each page.

This statement is written by the undersigned:

Name		Signature		Date	
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