



RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE
 235 Promenade Street, Room 370
 Providence, Rhode Island 02908

ANIMAL HEALTH AND WELFARE COMPLAINT FORM

Submit Form to the above address or fax to 401-222-6047 or email to marisa.corley@dem.ri.gov

Complainant Information

DATE / TIME OF COMPLAINT: _____

Name of Complainant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Information about Person or Business that Complaint is against:

Person and/or Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Provide details of Complaint including date and approximate time of incident, any applicable Veterinary records if treatment was sought, any photos, etc. Attach any pertinent information / documentation.

DEM Response or action to resolve complaint:

NOTE: Complainant may be contacted by the DEM/Division of Agriculture or Division of Law Enforcement if further information is required. If investigation of this complaint could result in criminal charges against a business or private party, the Complainant may be asked to submit a witness statement to the Division of Law Enforcement. The Department cannot guarantee that a Complainant's identity will remain anonymous in cases where the Complainant may serve as a witness. (FEB 2018)