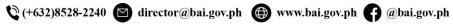


## Republic of the Philippines Department of Agriculture BUREAU OF ANIMAL INDUSTRY

Visayas Ave., Diliman Quezon City 1101









Case No: Place of Origin:	

To be filled in by DA-BAI/ RAWC/ RAWO/ AWEO

## ANIMAL HEALTH AND WELFARE INCIDENT REPORT FORM

COMPLAINANT INFORMATION			
Full Name:			
Address:			
Email Address:			
Contact Number:			
COMPLAINT INFORMATION			
Date and Time of Incident:			
Name of Respondent/s:			
Contact Number:			
Email Address:			
Place/ Address where the incident			
took place:			
Police/ Law Enforcement Notified:			
DETAILS OF COMPLAINT			
In the box below, please provide detailed and valuable information, including: the type of animal/s present; the behavior of the animal/s; the condition of the animal/s; the condition of the facility; the acts of the person/s with the animal/s; etc. Attach electronic pieces of evidence, such as photos, receipts, videos, etc., supporting your claims.			
To process my complaint, I agree to the collection and use of the data I provided using this Form. I understand that the collection and use of this data, which may include personal and sensitive information, shall be in accordance with RA 10173, otherwise known as the Data Privacy Act of 2012.			
Reported by:		Received by:	
Printed Name and Signature of Compla Date:	inant	Name and Signature of RAWC/ RAWO/ AWEO Date:	