



Republic of the Philippines  
Department of Agriculture  
**BUREAU OF ANIMAL INDUSTRY**  
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Case No:	
Place of Origin:	

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

## ANIMAL HEALTH AND WELFARE INCIDENT REPORT FORM

<b>COMPLAINANT INFORMATION</b>	
Full Name:	
Address:	
Email Address:	
Contact Number:	
<b>COMPLAINT INFORMATION</b>	
Date and Time of Incident:	
Name of Respondent/s:	
Contact Number:	
Email Address:	
Place/ Address where the incident took place:	
Police/ Law Enforcement Notified:	
<b>DETAILS OF COMPLAINT</b>	
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 Complainant

Date: \_\_\_\_\_

Name and Signature of RAWC/ RAWO/ AWEO

Date: \_\_\_\_\_