

**Prior to consideration of this complaint, Council requires:**

- Complete details of specific times of the day this nuisance is happening and an estimate of the amount of barking at these times.
- Full name and signature of complainant indicates their willingness to appear at a Court hearing in the Adelaide Magistrates Court if required, and confirms their understanding that this form is a legal document and may be produced in court as evidence and therefore must be a true and accurate record of events.

**Complainant details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact details: \_\_\_\_\_

**Dog owner details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Dog details**

Name: \_\_\_\_\_

Description: \_\_\_\_\_

Colour/Breed/Sex: \_\_\_\_\_

**Have you approached owner to discuss problem?**    Yes  No

If yes, what action did they take? \_\_\_\_\_

\_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_

**The following information is required**

1. How long has dog lived at property:

Less than 1 month     1 to 3 months     More than 3 months

2. Dog barks regularly during the:

Day:     Morning     Midday     Dusk

Night:     Early evening     Late evening

3. Dog barks:

Every day     3 or more days a week     Between 1 and 3 days a week     Weekends only

4. Barking may last for: \_\_\_\_\_ minutes \_\_\_\_\_ hours
5. Barking increases when:  Owners leave property  Owners are home  
 Owners are out  Visitors arrive  
 Other: \_\_\_\_\_
6. Dog is barking at:  People passing property  Neighbours dog / cat  
 Children  Dogs passing property  Postman  Nothing  
 Other: \_\_\_\_\_
7. Dog barks at the:  Front  Back  Side of fence line  
 Other: \_\_\_\_\_
8. When dog barks it will:  Run along fence  Front  Back  
 Sit or stand in one spot  Other: \_\_\_\_\_
9. If more than one dog at property: Does one dog bark more than the other?  Yes  No  
if so, which dog barks the most?
10. Does barking increase when playing / fighting?  Yes  No

**Other relevant information**

Please include any other detail: \_\_\_\_\_  
\_\_\_\_\_

Name and address of complainant: \_\_\_\_\_  
\_\_\_\_\_

I understand that the above information is a true and accurate record of events and this document may be used as evidence in Court.

I confirm that I am willing and able to attend Court proceedings if required.

Signature: \_\_\_\_\_

---

**CONTACT DETAILS**

T (08) 8375 6600  
F (08) 8375 6699  
E council@marion.sa.gov.au  
PO Box 21 Oaklands Park SA 5046  
245 Sturt Road Sturt SA 5047  
**marion.sa.gov.au**