



Town of Chesterfield
Office of Animal Control
ACO Kelli Wainscott
422 Main Rd., Chesterfield, MA 01012
413.586.1508 (Dispatch)



Report of Complaint or Problem

Please print or write all information clearly:

Reporting Party's Name: _____

Address: _____

City _____ State _____ Zip _____ Phone _____ Alt _____

Animal Owner's Name: _____

Address: _____

City _____ State _____ Zip _____ Phone _____ Alt _____

Please describe the nature of the complaint or problem, with all pertinent information including dates, times of incident(s), location of violation(s) and names and phone numbers of witnesses. Attach additional pages if needed.

Date & time of incident: _____

Location of violation: _____

Description of animals involved: _____

Incident details: _____

I wish to remain anonymous because I fear that the disclosure of my identity may endanger my life, safety or property or that of others. Yes ☐ No ☐

I have read this statement and find it to be true and correct:

Signature: _____ **Date:** _____

Please mail complete form to
Chesterfield Animal Control • 422 Main Rd. / P.O. Box 299 • Chesterfield, MA 01012