



Ohio Livestock Care Standards Complaint Form

Date of complaint _____

Complainant's name (Required) _____

Complainant's phone number _____

Complainant's email _____

Name of accused _____

Address (city, state, zip code) _____

Phone number (if available) _____

County _____

All species of concern _____

Details of complaint

Please click 'Attachments' if you'd like
send correspondence/pictures. Make
sure to include your name.

PLEASE SAVE TO YOUR COMPUTER AND THEN EMAIL TO OHIOLIVESTOCKCARE@AGRI.OHIO.GOV

To be completed by Ohio Department of Agriculture staff

Date assigned _____

Investigation number _____

VMO _____

AHI _____

Closed date _____