



Your Ref  
Our Ref  
Date  
Please ask for  
Phone  
Fax 01394 385100  
email [environment@eastssuffolk.gov.uk](mailto:environment@eastssuffolk.gov.uk)

If you report a dog fouling incident to Suffolk Coastal you will receive this letter. Please help and fill in this form.

Dear Resident,

#### **DOG FOULING INCIDENT - SUMMARY OF WITNESS INFORMATION**

You have recently reported witnessing a dog fouling incident. We appreciate you telling us about this problem. We're committed to maintaining clean and safe public spaces and need all dog owners to act responsibly. Your support is a vital to make this happen.

We would like to know more about what you saw, and what you can tell us about the dog owner, so that we can consider the most appropriate action to take.

#### **What action will we take?**

If you can provide us with detailed information about what happened we may wish to warn or prosecute the dog owner. Unfortunately, if you don't have some key information we may not be able to act on this occasion.

The form accompanying this letter helps us quickly see if we can take action. If we believe you can offer enough information to make prosecution possible we'll be back in touch to see if you would be willing to give this information to a court. If you would, we'll explain further what we need you to do.

If you cannot provide more detailed information then you do not need to do anything else. We have recorded the details of your complaint and passed details to the cleansing team. We also use this information to build up a picture of the overall problem across the District and direct our resources appropriately.

Thank you for your assistance.

Yours sincerely

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#### **Environmental Health**

Council Offices, Melton Hill, Woodbridge, Suffolk IP12 1AU  
Telephone: (01394) 444624 DX: Woodbridge 41400



# Summary of witness information

## Dog fouling incident witnessed by member of public

Incident Summary:

Your Details	
Your Full Name	
Your Address	
Your Phone Number	
Our Reference:	

What You Saw	
Date and Time of incident	Date: _____ Time: _____
The weather conditions at the time <ul style="list-style-type: none"> <li>Was it day light, after dark, was visibility good, or poor – perhaps due to rain or snow.</li> <li>Could you easily see what happened</li> </ul>	
Location <ul style="list-style-type: none"> <li>What type of land was it: pavement, grass verge, sports ground, park, church yard etc?</li> <li>Are there notices displayed, or dog fouling bins nearby?</li> </ul>	
How far away were you from the dog at the time?	
Who was in charge of the dog <ul style="list-style-type: none"> <li>Man or woman?</li> <li>Do you know their name?</li> <li>Their approximate age?</li> <li>Any other features you remember: hair colour, glasses, clothing etc?</li> </ul>	
Address of person in charge of the dog <ul style="list-style-type: none"> <li>Do you know where they live?</li> </ul>	

<p>Description of the Dog</p> <ul style="list-style-type: none"> <li>• Colour</li> <li>• Breed</li> </ul>	
<p>What did you see when the dog fouled?</p> <ul style="list-style-type: none"> <li>• Where about was the fouling?</li> <li>• Do you think the person with the dog saw it foul?</li> <li>• How far away was the dog owner when this happened?</li> <li>• Was the dog on a lead?</li> </ul>	
<p>Did you speak to the person in charge of the dog?</p> <ul style="list-style-type: none"> <li>• If so, what did they say?</li> </ul>	
<p>Did you see the person in charge of the dog get into a vehicle?</p> <ul style="list-style-type: none"> <li>• If so what make / model colour etc</li> </ul>	
<p>Other witnesses</p> <ul style="list-style-type: none"> <li>• Did anyone else see what happened? How could we contact them?</li> </ul>	
<p>Comments / Remarks</p> <ul style="list-style-type: none"> <li>• Anything else you want to tell us, which you think may help?</li> </ul>	
<p>Please confirm that the details you have completed above are correct and that you are willing to attend Court and act as a witness for Waveney District Council by signing and dating this form</p>	<p>Signed: _____</p> <p>Date: _____</p>

Please return the completed form to:

Suffolk Coastal District Council  
Environmental Health Department  
Council Offices, Melton Hill  
Woodbridge  
Suffolk IP12 1AU