



## Texas Animal Health Commission Complaint Form

Subject of Complaint		
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Business Name
Phone	Fax	Email
Address		
City	State	ZIP + 4

Alleged Violation		
Location of Incident	County	Date and Approx. Time
Brief Description of Incident		

Person Registering Complaint – Skip this section if you wish to remain anonymous.		
Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Business Name
Phone	Fax	Email
City	State	ZIP + 4

**Submit completed form to TAHC.**

**By Mail:**  
Legal and Compliance Department, MC-554  
P.O. Box 12966  
Austin, TX 78711-2966

**By Email:** [tahc-complaints@tahc.state.tx.us](mailto:tahc-complaints@tahc.state.tx.us) **By Fax:** 512-719-0721

**If you need assistance or have questions, please contact TAHC at 1-800-550-8242 x 724.**