

Regional Animal Services of King County (RASKC) Online Complaint Form

Report Summary

21615 64th Avenue South | Kent, WA 98032 | Tel.: 206.296.7387 | pets@kingcounty.gov

Regional Animal Services of King County (RASKC) provides service to the unincorporated portion of King County as well as twenty-four contracting cities in the state of Washington. (cities include: Beaux Arts, Bellevue, Black Diamond, Carnation, Clyde Hill, Covington, Duvall, Enumclaw, Issaquah, Kenmore, Kent, Lake Forest Park, Maple Valley, Mercer Island, Newcastle, North Bend, Redmond, Sammamish, SeaTac, Shoreline, Snoqualmie, Tukwila, Woodinville and Yarrow Point)

Each reporting party must complete a separate statement. It is important to sign and date the certification at the bottom of this document. Incomplete or inaccurate information may delay an investigation/enforcement action. Describe only the incidents you have witnessed or of which you have personal knowledge. This document may be used to assist the investigating officer in providing the prosecutor with information critical to determining whether or not to file criminal charges, if applicable or assist in determining other enforcement action. You should be aware this document is subject to public disclosure and may be reviewed by the investigating officer, prosecuting attorney, Judge, Hearing Examiner, other government enforcement agencies and/or the person about whom you are complaining.

A. INTERPRETER SERVICES

Regional Animal Services of King County proudly serves all residents of King County. If you need assistance in a language other than English, all our staff are trained, willing and able to assist using Voiance's phone interpretation service.

Q.3) Yes, I need an interpreter. (select language)

1. COMPLAINANT INFORMATION

Person submitting complaint

Q.5) Title

Mr

Q.6) Complainant's Full Name (First and Middle, Last Name)

Terence Adamse

Q.7) Phone Number 1(xxx-xxx-xxxx)

8457966718

Q.8) Phone number 2(xxx-xxx-xxxx)

(No Response)

Q.9) Address

Address: 3102 45th Ave NE

Unit / Apart #:

City: Tacoma

Zip: 98422

Q.10) Date of Birth (month/date/year)

█/1984

Q.11) Email Address

Tadamse4198422@gmail.com

2. VICTIM'S INFORMATION

If same as above, skip to Question 3

Q.13) Title

Mr

Q.14) Victim's Full Name(First and Middle, Last Name)

(No Response)

Q.15) Phone Number 1(xxx-xxx-xxxx)

(No Response)

Q.16) Phone Number 2(xxx-xxx-xxxx)

(No Response)

Q.17) Address

Address:
Unit / Apart #:
Zip:
City:

Q.18) Date of Birth (month/date/year)

Q.19) Email

(No Response)

3. INFORMATION OF ANIMAL OWNER COMPLAINT FILED AGAINST

Please provide any helpful information

Q.21) Title

Ms / Mrs

Q.22) Owner's Full Name(First and Middle, Last Name)

Tamara Shoop

Q.23) Phone number 1 (xxx-xxx-xxxx)

(No Response)

Q.24) Phone number 2(xxx-xxx-xxxx)

(No Response)

Q.25) Address

Address: 7230 W Ridge Road

Unit / Apart #:

Zip: 98040

City: Mercer Island

Q.26) Date of Birth (month/date/year)

Q.27) Email

(No Response)

Q.28) Vehicle Information (license plate, make and model, color, year)

INCIDENT INFORMATION

Please provide us with as much clear and detailed information. If you would like to submit pictures, video or material please email them directly to: pets@kingcounty.gov (make sure in the subject line to write your FULL NAME as it appears on this online form).

Q.30) If known, please provide your Animal Case Number

Q.31) Time and Date of Incident

Date (mm/dd/yy)

08/23/2023

Time (hh:mm)

1:50

AM / PM

PM

Q.32) City

Mercer Island

Q.33) Address / Name of Location where incident took place

7230 W Ridge Road / Front Door

Q.34) Description of Incident (please provide a detailed description)

Q.35) Describe offending animal (cat, dog, other â€” include breed, sex, color, size)

Little white dog possibly maltese

Q.36) Bite information (for humans only)

If you were bitten, please describe the area(s) that were inflicted.

Left front foreleg in between my knee and ankle

Did the bite break the skin?

Yes

Was medical attention sought?

No

Were sutures required or did a physician not suture for cosmetic recovery reasons?

No

Q.37) Signature (By signing for electronic submission, I certify under penalty of perjury, under the law of the State of Washington, the foregoing information is true and correct (RCW 9A.72.085))

Signature

Terence Adamse

Date of Signature

23-Aug-2023

Place of Signature

Tacoma, WA

Name

Terence Adamse

Next Steps

If you have additional photos, documents or video, please send them directly to pets@kingcounty.gov A customer call representative will email you your case number and provide next steps.