INITIAL WELFARE COMPLAINT FORM W1

This form should be completed for all complaints about farm animal welfare.

Call taken by:	[redacted]	Date:	26/05/26

Details of Complainant: **Anonymous:** ✓

Name:	
Address:	
Telephone:	
Mobile:	

Species Involved:	Cattle	X	Sheep		Pigs		Goats		Poultry		Other – please specify	

Are animals involved:	Dead and require removal		Alive and suffering	X	Both	

Location including landmarks: (Please include as much detail as possible)	[redacted] COWS CAN'T BE SEEN FROM THE FARM BUT CAN BE SEEN FROM [redacted]

Nature of complaint: (Numbers, types etc)	THERE ARE 50 COWS IN THE FIELD. THEY ARE POORLY FED AND HAVE LITTLE WATER. THEY APPEAR TO BE SUFFERING IN THE HEAT.

Does caller know who land/animal owner is? Please record name(s)	[redacted]

Any other relevant information	

Follow Up Actions:

CSB:	W1 emailed to SAHWI & cc'd Gp4s		Confirmed via t/c with:	

VSAHG Manager:	APHIS test set? YES ☐ NO ☐ ABP ☐ FAWR ☐	Test ID:		Allocated to: (AHWI Name)	