



Complaint Form

PART A - COMPLAINANT DETAILS

Complainant Contact Details

Salutation	First Name(s)	Surname
<input type="text" value="Ms /Miss /Mrs /Mr/Dr"/>		
Address <input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	
Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email <input type="text"/>		

Owner of Animal (if complainant write 'as above')

Salutation	First Name(s)	Surname
<input type="text" value="Ms /Miss /Mrs /Mr/Dr"/>		
Address <input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	
Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email <input type="text"/>		

Animal Details

Animal Type: (dog, cat etc)

Name	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Colour	
<input type="text"/>	<input type="text"/>	

A copy of this complaint will be sent to the Veterinary Practitioner in question.

Complainant's Signature

Date: / /

PART B - COMPLAINT DETAILS

Form C

The Veterinary Practitioners Board deals with complaints against individual Veterinary Practitioners. The Board will investigate the complaint in relation to professional misconduct. The Board meets once a month. Please provide us with all the relevant information with respect to your complaint, eg all correspondence, invoices, notes, etc.

Veterinary Practitioner Details

First Name(s) Surname

Veterinary Hospital/Practice Name

Address

Suburb/Town State Postcode

Phone Number Fax Number

First Name(s) Surname

Veterinary Hospital/Practice Name

Address

Suburb/Town State Postcode

Phone Number Fax Number

***If you are complaining about more than two Veterinary Practitioners,
please attach an extra page with their details.***

Other treating Veterinary Practitioner Details

First Name(s) Surname

Veterinary Hospital/Practice Name

Address

Suburb/Town State Postcode

Phone Number Fax Number

***If there is more than one Veterinary Practitioner,
please attach an extra page with their details.***

Complainant's Signature

Date: / /

Declaration

First Name(s)

Surname

I/we

of

Address

Suburb/Town

State

Postcode

Do solemnly and sincerely declare that:

.....

.....

.....

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the OATHS ACT 1900

Declared at:

This day of 20

Signature of person making declaration

Justice of the Peace/ Solicitor

Before me:

Justice of the peace/ Solicitor

Name (block letters)

Address

Suburb/Town

State

Postcode

Check List:

- Part A** – Complainant Details
- Part B** – Complaint Details
- Part C** – Statutory Declaration