



## 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: / /

**What Happened?**

*Describe what happened, only entering details relevant to the alleged professional misconduct you are reporting. Please ensure to include dates.*

[Large rectangular area with horizontal dotted lines for text entry]

[Empty rectangular box for signature]

Complainant's Signature

Date: / /



**Declaration**

I/we  First Name(s)  Surname

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*

Date

Name (block letters)

Address

Suburb/Town  State  Postcode

**Check List:**

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