Formal Complaint about a Veterinarian

Issue	July 2016
Review	Annually
Ref number	C01

PART A COMPLAINANT DETAILS

1. Complainant Contact Details

Name Title

Given name(s)

Family name

Address

State or Territory | Postcode

Phone numbers Mobile | Work | Daytime

Email address

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

Name Title

Given name(s)

Family name

Address

State or Territory | Postcode

Phone numbers Mobile | Work | Daytime

Email address

3. Animal Details

Name

Species (e.g. dog, cat, horse)

Breed

Age | Sex

Colour

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PART B VETERINARY PRACTITIONER(S) DETAILS

1. **Veterinary Practitioner Contact Details**

Name	Given name(s)			
	Family name			
Address	Practice Name			
	Street			
	State or Territory		Postcode	
Phone number				
Name	Given name(s)			
	Family name			
Address	Practice Name			
	Street			
	State or Territory		Postcode	
Phone number				

If you are complaining about more than 2 veterinary practitioners please attach additional contact details as per above

2. **Other Treating Veterinary Practitioner Contact Details**[1]

Name	Given name(s)			
	Family name			
Address	Practice Name			
	Street			
	State or Territory		Postcode	
Phone number				

If more than one other treating veterinary practitioner was involved in this complaint please attach additional contact details for each other veterinary practitioner as per above

[1] Other Treating Veterinary Practitioner means another veterinarian involved in managing the treatment of the animal but not the subject of this complaint

PART C COMPLAINT DETAILS

Please describe what happened, including dates, only entering details relevant to the alleged professional misconduct you are reporting.

PART C COMPLAINT DETAILS (CONTINUED)

Please summarise your main concern(s) in relation to this complaint

1.	
2.	
3.	
4.	
5.	

Consent for release of documents

In submitting this form, I authorise all veterinarians responsible for the treatment of my animal to release copies of all documents and information relating to the treatment of my animal to the Veterinary Practitioners Board of NSW in order to assist its investigation of this complaint.

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PART D STATUTORY DECLARATION

I, _____

(name of declarant)

of _____

(residence)

Do hereby solemnly declare and affirm that the information provided on this form is true and correct to the best of my knowledge.

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at _____

(place)

on _____

(date)

_____

Signature of declarant

In the presence of an authorised witness, who states:

I, _____

(name of authorised witness)

a _____

(qualification of authorised witness)

Certify the following matters concerning the making of this statutory declaration by the person who made it:
(*please cross out any text that does not apply)

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document relied on was

_____

(describe identification document relied on)

_____ _____

Signature of authorised witness Date