OFFICE USE ONLY:	
	Case No.:
BM Assignment:	
-	Lic./Status:

NOTICE OF COMPLAINT

This form is provided to assist you in re Medicine. Please complete the informa documents pertaining to the complaint to	ation requested below, sig			
		582	u isiana Board of Veterina 25 Florida Blvd. con Rouge, LA 70806	rry Medicine
You can also complete the form then sca	n and email it along with ar	ny supporting doo	cuments to <u>director@lsbvm</u>	.org.
Persons with special needs or dis complaint. If you need assis				
Please legibly write the FIRST AND L . (RVT), or CAET , CLINIC NAME <u>www.lsbvm.org/license-verification</u> and given in order for a complaint to be filed	, MAILING ADDRES get the license number	S, AND TE	LEPHONE NUMBER.	You should also visi
IS THIS YOUR REGULAR VETERINAP	If "NC	D", please give	name of veterinarian wh	o usually cares for pet:
SPECIFIC COMPLAINT:				
DATE(S) PET SEEN IN REGARD TO C	Complaint:			
NAME OF PET:	SEX:	AGE:	BREED:	
HAVE YOU DISCUSSED YOUR COMF	LAINT WITH THE VET	ERINARIAN? _		
If "NO", please explain reason why:				
WAS PET TAKEN TO A SECOND VET If "YES", please give name, address, ar	ERINARIAN?	second treating	veterinarian:	

HOW	DID	YOU	BECOME	AWARE	OF	THE	BOARD'S	EXISTENCE	AND	ITS	RESPONSIBILITY	ТΟ	INVESTIGATE
COMF	PLAIN	TS?											

GROUNDS (use separate sheet of paper if needed and attach to form):

(Continue on separate page if necessary.)

PRINT YOUR **FIRST AND LAST NAME**, MAILING ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS. (*ALL information requested above MUST be given in order for a complaint to be filed/reviewed. Anonymous complaints cannot be accepted. The LBVM must also have all of your contact information should it be necessary for our administrative office and/or our legal counsel to contact you.)

FIRST, LAST NAME & MAILING ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

The licensee indicated in your complaint will be contacted for a response. This matter will be thoroughly reviewed and investigated by a Board member and general counsel. If additional information is needed, you will be contacted. Other persons may also be contacted who can provide information pertinent to this matter. If this investigation leads to a formal hearing, you may be called to provide testimony regarding the subject of your complaint. I hereby certify that I have read and answered all of the above statements to the best of my knowledge.

Signed: