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(Continue on separate sheets of paper if needed and attach to form.)

HOW DID YOU BECOME AWARE OF THE BOARD'S EXISTENCE AND ITS RESPONSIBILITY TO INVESTIGATE COMPLAINTS OF NON-VETERINARIANS?

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PRINT YOUR FULL NAME, MAILING ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS:

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The individual or facility 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: \_\_\_\_\_  
COMPLAINANT

Date: \_\_\_\_\_