NOTICE OF COMPLAINT - AGAINST A LICENSEE

This form is provided to assist you in reporting a complaint about the services of a licensee of the Louisiana Board of Veterinary Medicine. Please complete the information requested below, sign the form, and return the completed form and any additional documents pertaining to the complaint to the board office at:

Louisiana Board of Veterinary Medicine
5825 Florida Blvd.
Baton Rouge, LA 70806

You can also complete the form, scan it, and email it along with any supporting documents to director@lsbvm.org.

Persons with special needs or disabilities may contact the office for assistance to meet those needs in reporting the complaint. If you need assistance in completing this form, please contact the Board Office at (225) 925-6620.

Please legibly write the **FIRST AND LAST NAME of the VETERINARIAN (DVM), REGISTERED VETERINARY TECHNICIAN (RVT), or CAET** along with the clinic name, mailing address and telephone number. You should also visit www.lsbvm.org/license-registry and get the license number for the licensee. *(*The Full Name MUST be given in order for a complaint to be filed.)*

_____ _____

_____ _____

_____ _____

IS THIS YOUR REGULAR VETERINARIAN? _____ If "NO", please give name of veterinarian who usually cares for pet:

_____

SPECIFIC COMPLAINT: _____

_____

_____

_____

DATE(S) PET SEEN IN REGARD TO COMPLAINT: _____

NAME OF PET: _____ SEX: _____ AGE: _____ BREED: _____

HAVE YOU DISCUSSED YOUR COMPLAINT WITH THE VETERINARIAN? _____

If "NO", please explain reason why: _____

_____

WAS PET TAKEN TO A SECOND VETERINARIAN? _____
If "YES", please give name, address, and telephone number of second treating veterinarian:

_____ _____

_____ _____

_____ _____

HOW DID YOU BECOME AWARE OF THE BOARD'S EXISTENCE?

_____

_____

PLEASE DESCRIBE COMPLETELY THE CIRCUMSTANCES WHICH LED TO YOUR COMPLAINT INCLUDING ANY SPECIFIC 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: _____ Date: _____

COMPLAINANT