

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

## NOTICE OF COMPLAINT

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**  
 301 Main Street, Suite 1050  
 Baton Rouge, LA 70801

**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) 342-2176.

Please legibly write the TREATING VETERINARIAN'S FIRST AND LAST NAME, CLINIC NAME, MAILING ADDRESS, AND TELEPHONE NUMBER. (*\*ALL information requested above 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 AND ITS RESPONSIBILITY TO INVESTIGATE COMPLAINTS?

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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):

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(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. The LBVM must have all of your contact information should it be necessary for our administrative office and/or our legal counsel to contact you.)*

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The veterinarian 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: \_\_\_\_\_