

OFFICE USE ONLY:

Case No.:
BM Assignment:

NOTICE OF COMPLAINT NON-VETERINARIAN

This form is provided to assist you in reporting a complaint about individuals who are not veterinarians or who may be practicing veterinary medicine without a license. 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

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.

NAME, ADDRESS, AND TELEPHONE NUMBER OF INDIVIDUAL against whom the complaint is being made:

PLEASE DESCRIBE IN DETAIL THE CIRCUMSTANCES WHICH LED TO THIS COMPLAINT:

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

PRINT YOUR NAME, ADDRESS, AND TELEPHONE NUMBER:

The individual or facility indicated in your complaint may 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: _____