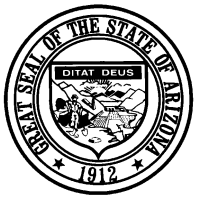
JANICE K. BREWER
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH RD, STE. 100, SCOTTSDALE, ARIZONA 85258
PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039
WWW.VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

Please complete all sections of the form and return it to the Board office for processing.

Please be aware the Board has no jurisdiction over fees or fee disputes. The board does not award monetary damages, nor does it compel veterinarians to refund any monies.

The Board's Investigations Division will send a notice to you upon the processing of your investigation request. An investigator may contact you to request additional information. Should you wish to know the status of the investigation, please call the Investigations Division of the Board. The investigator will provide that information via the telephone. Please refer to the investigation number provided on your acknowledgment notice.

ALTERNATE FORMAT

Persons with a disability who need this application in an alternate format may contact the Board's Americans with Disabilities Act coordinator at (602) 364-1739 (Voice) to make their needs known.

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: _____ Case Number: _____

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian: _____

Premise Name: _____

Premise Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____-_____

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (_____) _____-_____ Cell Telephone: (____) _____ - _____

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

_____

_____

_____

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

_____

_____

_____

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: _____

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

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