

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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.

If your request does not lie within the jurisdiction of the Veterinary Board, you may want to contact the office of the State Ombudsman **1.800.872.2879**.

### **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: \_\_\_\_\_

