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| OFFICE USE ONLY: Assigned To: _____ By: _____ Date: _____ Log: _____ |
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TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

1801 Congress Ave., Ste 8.800
Austin, Texas 78701
(512) 305-7555 Phone ♦ (512) 305-7556 Main Fax ♦ (512) 936-0837 Enforcement Fax
Complaint@veterinary.texas.gov

COMPLAINT FORM

Please fill out this form completely and legibly. Provide as much detail as possible and list events in chronological order with dates and times noted where appropriate. You may be called to testify in a deposition or before an Administrative Law Judge. Hearing impaired persons requiring auxiliary aids or services in filing a complaint should call Relay Texas 1-800-735-2980-TDD. Other persons desiring assistance should write the Board at the above address or call the Board at 512-305-7555. The Texas Veterinary Practice Act 801.207 (c) requires that the board protect the identity of a complainant to the extent possible.

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|--------------------|------------|------------|--|-------|-----|
| Your Name | | | Name of Licensee you are complaining about | | |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Home Phone | Work Phone | Cell Phone | Phone | | |
| Your Email Address | | | | | |

| | | |
|---|---------|-------|
| Name of Second Party / Licensee / Witness | Address | Phone |
| Name of Third Party / Licensee / Witness | Address | Phone |
| Animal Name | Species | Age |

THE STATEMENTS CONTAINED ON THIS FORM AND ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

(Please see reverse side)

Nature of Complaint

Clearly indicate the nature of your complaint and enclose copies of any records or reports from any other source(s) which will support your statement. Please attach additional sheets if necessary.