



Formal Complaint about a Veterinarian

Issue
Review
Ref number

March 2018
Annually
FC01

PART A DETAILS OF PERSON LODGING COMPLAINT

1. Complainant Contact Details

Name	Title					
	Given name(s)					
	Family name					
Address	Street					
	Suburb					
	State or Territory		Postcode			
Phone numbers	Mobile	<input type="text"/>	Work	<input type="text"/>	Daytime	<input type="text"/>
	Email address					
	<input type="text"/>					

2. Veterinary Client (if complainant write 'as above')

Name	Title					
	Given name(s)					
	Family name					
Address	Street					
	Suburb					
	State or Territory		Postcode			
Phone numbers	Mobile	<input type="text"/>	Work	<input type="text"/>	Daytime	<input type="text"/>
	Email address					
	<input type="text"/>					

3. Animal Details

Name	<input type="text"/>		
Species (e.g. dog)	<input type="text"/>		
Breed	<input type="text"/>		
Age	<input type="text"/>	Sex	<input type="text"/>
Colour	<input type="text"/>		



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PART B DETAILS OF THE VETERINARIAN(S)

1. Veterinarian Contact Details

Name	Given name(s)			
	Family name			

Address	Practice Name			
	Street			
	Suburb			
	State or Territory		Postcode	

Phone number			
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Name	Given name(s)			
	Family name			

Address	Practice Name			
	Street			
	Suburb			
	State or Territory		Postcode	

Phone number			
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If you are complaining about more than 2 veterinarians please attach additional contact details as per above

2. Other Treating Veterinarian Contact Details¹

Name	Given name(s)			
	Family name			

Address	Practice Name			
	Street			
	Suburb			
	State or Territory		Postcode	

Phone number			
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¹ Other Treating Veterinarian means another veterinarian involved in managing the treatment of the animal but not the subject of this complaint



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PART C DETAILS OF COMPLAINT

Please describe what happened, including dates, only entering details relevant to the alleged professional misconduct you are reporting.



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PART C DETAILS OF COMPLAINT (SUMMARY)

Please summarise your main concern(s) in relation to this complaint

1.	
2.	
3.	
4.	
5.	

Consent for release of documents

I authorise all veterinarians responsible for the treatment of my animal to release copies of all documents and information relating to the treatment of my animal to the Veterinary Practitioners Board of NSW in order to assist its investigation of this complaint.

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Signature of veterinary client

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Date



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PART D STATUTORY DECLARATION

I,
(name of declarant)

of
(residence)

Do hereby solemnly declare and affirm that the information provided on this form is true and correct to the best of my knowledge.

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at
(place)

on
(date)

Signature of declarant

In the presence of an [authorised witness](#), who states:

I,
(name of authorised witness)

a
(qualification of authorised witness)

Certify the following matters concerning the making of this statutory declaration by the person who made it:
(*please cross out any text that does not apply)

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have confirmed the person's identity using an identification document and the document relied on was

(describe identification document relied on)

Signature of authorised witness

Date