



OFFICE USE ONLY: Assigned To: _____
By: _____
Date: _____ Log: _____

TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

333 Guadalupe, Tower III, Suite 810

Austin, Texas 78701-3942

(512) 305-7555 Phone ♦ (512) 305-7556 Main Fax ♦ (512) 936-0837 Enforcement Fax

vet.board@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. A copy of the complaint may be provided to the veterinarian or equine dental provider involved in your complaint. You may also 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.

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 Opinion	Address	Phone
Name of Third Opinion	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.