



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

TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS

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vet.board@veterinary.texas.gov

COMPLAINT FORM

UNLICENSED PRACTICE OF VETERINARY MEDICINE

Do not use this form if you have a complaint against a veterinarian, licensed veterinary technician, or equine dental provider.

Please fill out this form completely and legibly. A copy of the complaint may be provided to the attorney general, district or county attorney, and/or any law enforcement agency with jurisdiction. You may also be called to testify in court and/or before an Administrative Law Judge. Persons requiring auxiliary aids or services in filing a complaint should contact the Board office by writing the Board at the address listed above, or by calling Relay Texas 1-800-735-2989 TDD.

Your Name			Name of Person and/or Business you are complaining about		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone	Work Phone	Cell Phone	Phone		
Your Email Address					

Name of Witness (if available)	Address	Phone
Name of Witness (if available)	Address	Phone
Type of Unlicensed Practice		

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

Signature

Date

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.