

Complaint Form

PART A – Complainant Details:

Name: (Mr/ Mrs/ Ms)	
Address:	
	Postcode:
Contact Telephone (Office Hours):	Email:
Relationship to owner (if not the owner):	

Owner of Animal (if different to above):

Name: (Mr/ Mrs/ Ms)	
Address:	
	Postcode:
Contact Telephone (Office Hours):	Email:

Animal Details:

Name:	Type of Animal:
Age:	Breed:
Sex:	Colour:

PART B – Treating Veterinary Surgeon Details:

Name:	
Practice Name:	City/Town/Suburb:
If the complaint is against more than one veterinary surgeon, please attach details for all veterinary surgeons.	

Other veterinary surgeons involved in treatment of condition/injury (eg second opinion veterinarian)

Name:	
Practice Name:	City/Town/Suburb:
Detail Involvement:	

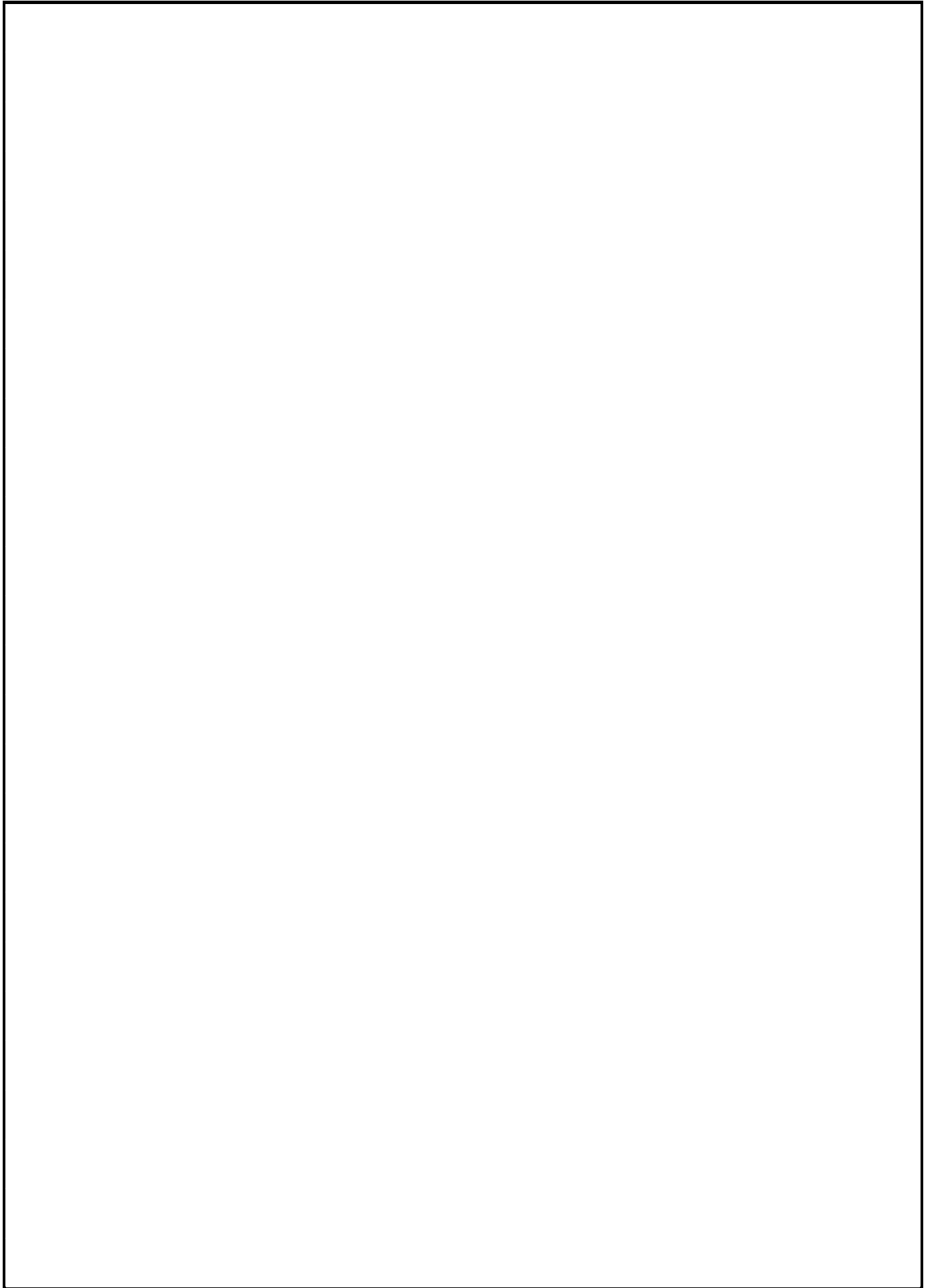
Complainant's Signature: **Date:**

Part C – Complaint Detail

Only provide detail directly relevant to the professional performance/conduct of the veterinary surgeon.

Note: A copy of this detail will be forwarded to the veterinary surgeon against whom the complaint is lodged.

Complainant's Signature: Date:



Complainant's Signature: **Date:**