



Veterinary Practitioners Registration Board of Victoria

COMPLAINT FORM

Form C 1

INVESTIGATION OFFICER:

REF:

Office use only

This form is supplied to allow the Investigation Officer for the Veterinary Practitioners Registration Board of Victoria to gather as much information as possible about the circumstances which led to your complaint. If there are any questions which you are unable to answer, please write unknown, or if the question is not applicable, please cross out this question. It is important that you answer **ALL** sections of this form and supply a **separate signed and dated statement outlining the history of the complaint**.

Complainant Details:

Name: (Dr / Mr / Mrs / Ms / Miss)		
Address:		
		Postcode:
Telephone number	Home: ()	Business: ()

Relationship to service user *: (e.g. self, son, sister, parent etc)		
Do you or the service user require an interpreter? <i>please circle</i> YES NO		
If yes, preferred language:		

* The 'service user' is the person who presented the animal to the veterinary practitioner

Details of the Service User (Only fill in if the details are not the same as above):

Name: (Dr / Mr / Mrs / Ms / Miss)		
Address:		
		Postcode:
Telephone number	Home: ()	Business: ()
In whose name are the veterinary records kept?		

Animal Details:

Name:	Type of Animal: Dog / Cat / Horse / Bird / Other
Age:	Breed :
Sex: Male / Female	Colour:

Veterinary practitioner Details:

Name (s):	Name of Clinic/Hospital:	
Address:		
		Postcode:
Telephone number	Home: ()	Business: ()
Date/s the incident/s occurred:		

The following sections are important in assisting the Board to clearly understand your main concerns and to ensure all issues are addressed. If there is insufficient space, please attach a separate sheet.

<p>Specific Issues you wish to be addressed:</p> <ul style="list-style-type: none">••••
