# YOUR ATTEMPTS TO RESOLVE YOUR COMPLAINT

|  |  |
| --- | --- |
| **Have you tried to resolve your complaint directly with the veterinary practitioner (“vet”)? Please select Yes or No** | |
| Yes | If yes, please attach the vet’s response and any documents they have sent you when you submit this form. Please also explain why you are not satisfied with their response in the details of your complaint. | |
| No | If no, please first contact the vet to try to resolve your complaint directly with them. We recommend you put your complaint in writing so the vet can fully understand your concerns. Please give them 2 weeks to respond. If they do not respond within 2 weeks or you still have concerns after they respond to you, you can complete and submit this form and attach the vet’s response and any other documents. | |

# YOUR DETAILS

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Given/first name |  | | Family/last name | |  | | | |
| Email address | |  | | | | | | | | |
| Telephone | |  | | | | | | | | |
| Mailing address | |  | | | | | | | | |
| Suburb / town | |  | | | State | |  | | Postcode |  |
| Role | Animal owner  Other person authorised by animal’s owner to act on their behalf  Veterinary practitioner  Veterinary clinic staff member (non-vet)  Representing government authority – please specify:  Representing other organisation – please specify:  Other person – please specify your role: | | | | | | | | | |
| If you are representing the animal’s owner, please add the owner’s details below: | | | | | | | | | |
| Owner’s  title |  | Owner’s  given name |  | | Owner’s  family name | |  | | |
| **IF YOU ARE ACTING ON BEHALF OF AN ANIMAL’S OWNER, THEY MUST COMPLETE THE AUTHORISATION FORM AT THE END OF THIS DOCUMENT** | | | | | | | | | |

# DETAILS OF VETERINARY PRACTITIONER

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **🢂 If your complaint is about more than one vet, complete a separate form for each vet.** | | | | | | | |
| Vet’s given/first name |  | | Registration number if known | | |  | |
| Vet’s family/last name |  | | | | | | |
| Name of place vet works at |  | | | | | | |
| Address of vet’s workplace |  | | | | | | |
| Suburb / town |  | State | |  | Postcode | |  |

# DETAILS OF YOUR COMPLAINT

# When did the events happen?

|  |  |  |  |
| --- | --- | --- | --- |
| Period from: |  | to: |  |
| If there has been a delay between the events and your complaint, please explain the delay: | | | |

# Details of animal(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Species |  | Breed |  | Colour |  |
| Age |  | | | | |
| Sex | Male  Female | Desexed? | Yes  No | | |

# What evidence do you have to support your complaint?

|  |  |
| --- | --- |
| **🢂 Please attach all supporting documents** | |
| Please provide a list of all documents you are attaching to this form, e.g., the vet’s response to your complaint, veterinary records for the animal, test results for the animal (please specify test types), handouts from the veterinary clinic, invoices from the vet practice, emails between you and the vet or other persons, photos, other (please specify): |

# Description of events

|  |
| --- |
| Please describe what happened: |

# SUMMARY OF YOUR COMPLAINT

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| **Select your main concern about the vet’s professional conduct from the options below**:  Vet’s treatment of the animal  Vet’s communication or behaviour  Other: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# DETAILS OF OTHER COMPLAINTS MADE [only if already made, no other reporting is required]

|  |  |
| --- | --- |
| **Have you reported your complaint to any other organisation?** e.g., Consumer Affairs Victoria, Victorian Civil & Administrative Tribunal (VCAT), Medicines & Poisons Regulation Branch | |
| Yes  No | If yes, please provide details: | |

# DECLARATION AND CONSENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please read the following statements carefully, and provide your acknowledgement and consent to the statements that apply to you by selecting the relevant boxes: | | | | |
|  | | The information I have provided is true and correct. | |
|  | | I am aware that the Veterinary Practitioners Registration Board of Victoria (the Board) may provide some or all the information I have provided in or accompanying this complaint to the veterinary practitioner who is the subject of this complaint, or to other veterinary practitioners who have treated the animal(s) named in this complaint and to other persons approved by the Board, for the purpose of assessing my complaint. | |
|  | | I give my consent for the veterinary practitioner who is the subject of this complaint to release clinical records about the animal(s) named in this complaint, and to disclose information to the Board and other persons approved by the Board. | |
|  | | I give my consent for other veterinary practitioners who have treated the animal(s) named in this complaint to release clinical records and disclose information to the Board and other persons approved by the Board. | |
|  | | If the Board decides that my complaint may be relevant to the activities of another regulatory body, I consent to the Board referring the complaint to that other body. [Examples of other regulatory bodies include Agriculture Victoria, Animal Welfare Victoria, the Medicines and Poisons Regulation Branch of the Victorian Department of Health and the RSPCA.] | |
|  | | **ONLY FOR GOVERNMENT AUTHORITY/OTHER ORGANISATION**: I consent to exchanging information between my organisation and the Board for the purposes of assessing this complaint and any investigation of the reported events. | |
| Electronic signature or full name in lieu of signature | | |  | |
| Date | | |  | |
|  | **IF YOU ARE ACTING ON BEHALF OF AN ANIMAL’S OWNER, THEY MUST COMPLETE THE AUTHORISATION FORM AT THE END OF THIS DOCUMENT AND YOU MUST RETURN THEIR AUTHORISATION WITH THE COMPLAINT FORM.** | | | |

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| **How to return form and supporting documents** |
| The best way to submit your complaint is to scan it and return by email. Alternatively, it can be mailed to the post-box below:   |  |  | | --- | --- | | **Email:** [communications@vetboard.vic.gov.au](mailto:communications@vetboard.vic.gov.au) | **Post:** Vetboard Victoria  PO Box 247  Collins Street West VIC 8007 | |
| **Next steps**  Within the next 6-8 weeks, the Board will conduct a preliminary assessment of your complaint. We may contact you for more information. After your complaint has been assessed, we will advise you of the Board's proposed actions.  **More information about complaint process including videos**: www.vetboard.vic.gov.au/VPRBV/VPRBV/Complaints.aspx |

|  |  |
| --- | --- |
| Only complete this form if you want to authorise another person to act on your behalf about a complaint to the Veterinary Practitioners Registration Board of Victoria (the Veterinary Board).  **What is the effect of signing this form?**  Signing this form authorises someone to represent you in relation to your complaint to the Veterinary Board. | **Do you need a representative?** This is your decision but some things you should know before you decide:   * It is free to lodge a complaint with the Veterinary Board. * All Veterinary Board members and staff are independent. * Appointing a representative is not a requirement. * You can choose to handle your own complaint. * If needed, the veterinary board can arrange interpreters. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal owner’s details** | | | | | | | | | |
| Title |  | Given name | |  | | Family name | | |  |
| Email address | |  | | | Telephone | | |  | |
| Address | |  | | | | | | | |
| I am the owner of the following animal(s) which my complaint is about – write the name, species and breed of the animal(s): | | | | | | | | | |
| **Representative’s details** | | | | | | | | | |
| Title |  | Given name | |  | | Family name | | |  |
| Relationship to me | | | *e.g. family member/friend, credit repair agency, financial counsellor, legal representative, etc*. | | | | | | |
| Email address | | |  | | | | Telephone | |  |
| Address | | |  | | | | | | |
| **Section to be signed by animal owner** | | | | | | | | | |
| I am the owner of the animal(s) that this complaint is about, and I authorise:   1. the representative named above to act on my behalf in relation to my complaint to the Veterinary Board, and 2. the Veterinary Board to deal with my representative in all matters relating to my complaint.   I confirm that the Veterinary Board can contact my representative to discuss my complaint.  I understand that the Veterinary Board’s Privacy Policy explains how the Veterinary Board collects, handles and protects personal information about me (including information the Veterinary Board collects from my representative).  I accept that information about my complaint, and personal information that may include sensitive information (for example, information about my health), may be provided:   * by my representative to the Veterinary Board and the veterinary practitioner involved * by the Veterinary Board to my representative and the veterinary practitioner involved, and * by the veterinary practitioner to the Veterinary Board and my representative. | | | | | | | | | |
| Print name | |  | | | | | | | |
| Signature | |  | | | | | | | |
| Date | |  | | | | | | | |