



Laura Kelly, Governor

COMPLAINT FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name of person complaint is made against: _____

Name of veterinary clinic or service: _____

Address of Veterinarian/Clinic: _____

City: _____ State: _____ Zip: _____

Phone: _____

NATURE OF COMPLAINT

Please state clearly and specifically all complaints against the above named party. Please list each incident setting forth the specific date(s), names of any/all witnesses, and a brief statement describing the incident. If additional space is needed, please attach separate sheets. Also please include any and all records, invoice, or other documents pertaining to this matter that you may have. In addition to this information, please circle your responses to the questions listed at the bottom of this form.

Once completed and signed, return this form to the KBVE at VetBoard@ks.gov or by mailing this to Kansas Board of Veterinary Examiners, P.O. Box 379, Wamego, KS 66547.

Type your complaint in the blue space below:

| | | |
|-----|----|---|
| Yes | No | I hereby authorize copies of the medical records to be released to the KBVE |
| Yes | No | I acknowledge I will be available to testify at any hearings if necessary |
| Yes | No | I hereby certify this information is true and correct to the best of my knowledge |

Signature:

Date: