



CONSUMER COMPLAINT FORM

1. COMPLAINT REGISTERED AGAINST - *please provide all information requested*

NAME COMPLAINT AGAINST		PHONE	
HOSPITAL/BUSINESS NAME			
HOSPITAL/BUSINESS ADDRESS		CITY	STATE
			ZIP

2. PERSON REGISTERING COMPLAINT - *please provide all information requested*

NAME OF PERSON REGISTERING COMPLAINT		WORK PHONE	
ADDRESS		HOME PHONE	
CITY		STATE	ZIP
HAVE YOU COMPLAINED TO ANOTHER ORGANIZATION OR AGENCY? (PLEASE SPECIFY)			

3. DETAILS OF COMPLAINT - *please provide all information requested*

PATIENT'S NAME	BREED	AGE	DATE OF VISIT
REASON FOR VISIT		CURRENT PHYSICAL CONDITION	
CONSULTING VETERINARIANS (BEFORE/AFTER)		PHONE	
HOSPITAL NAME			
HOSPITAL ADDRESS		CITY	STATE
			ZIP

Emphasis is placed on providing necessary factual information rather than conclusions. Supplemental information such as copies of any receipts, bills, letters or forms received from the veterinarian or veterinary facility is helpful. A Witness Statement Form is also very helpful in making a determination.

4. ADDITIONAL DETAILS OF COMPLAINT - *attach additional sheets if necessary*

5. SIGNATURE AND DATE

Notice: Except for the name of the veterinarian, all information is voluntary, but failure to provide the requested information may delay or prevent the investigation of your complaint. As much information as possible should be provided in connection with the complaint. The information on this form will be used in part to determine whether a violation of state law has occurred. If a violation is substantiated, the information may be transmitted to other government agencies, including the Attorney General's Office.	
Signature _____	Date _____

