

Iowa Board of Veterinary Medicine
Wallace State Office Building
502 E. 9th St.
Des Moines, Iowa 50319
(515) 281-8617

COMPLAINT INVESTIGATION REPORT FORM

Incomplete forms will be returned

* asterisk lines are required

*Name of Complainant: _____

*Address: _____
Street Address City State Zip Code

*Telephone Number(s): _____

*Email Address: _____

Are you the owner of the animal(s)? Yes No

If No, please explain your involvement with the animal(s) and the complaint.

*Name of veterinarian complaint is regarding: _____

*Address: _____
Street Address City State Zip Code

*Telephone Number(s): _____

Description and nature of complaint (Include Dates): *(use additional pages if necessary)*

Continued: Description and nature of complaint (Include Dates):

Did you take your animal to another veterinarian? Yes No

Name of veterinarian: _____

Address: _____
Street Address City State Zip Code

Telephone Number(s): _____

Description of services provided (Include Dates):

Any witnesses? Yes No

Name of witness: _____

Address: _____
Street Address City State Zip Code

Telephone Number(s): _____

Email address: _____

Name of witness: _____

Address: _____
Street Address City State Zip Code

Telephone Number(s): _____

Email address: _____

Signature of Complainant Date