

New Hampshire Board of Veterinary Medicine

Complaint Registration Form

Return form by mail or e-mail (signature required) to:

Attn: Kim Lavoie, Administrative Secretary
Address: PO Box 2042, Concord NH 03302-2042
Email: vetboard@agr.nh.gov

Phone: (603) 271-3706
Fax: (603) 271-1109

Additional information available at: agriculture.nh.gov/divisions/veterinary/index.htm

FOR OFFICE USE ONLY:

File Number:	Acknowledgement Sent:
Date Assigned:	Investigator:
Date Investigation Complete:	Resolution:

Instructions:

- **Use separate form for each individual veterinarian** for whom you have a complaint.
- A complaint must be made against a specific veterinarian, not a hospital.
- **Type or write legibly.** Illegible complaints may be returned to complainant and delay resolution.
- You will receive an acknowledgement of the receipt of the complaint and a letter notifying you of the resolution of the complaint. This process may take several months.
- All complaints will be reviewed to determine if a violation of statutes, rules or code of ethics have been violated. The act of filing a complaint or the initiation of an investigation does not assure or imply that disciplinary action will be taken against the licensee.
- Note that the Board does not investigate issues of a monetary nature except where they pertain directly to professional misconduct or malpractice.

Submitted By:

Complainant's Name (you):		
Name of Owner of animal if different than above:		
Mailing Address:		
City:	State:	Zip:
Preferred phone:	E-mail:	
Home:	Work:	Mobile:

Licensee Seeking Complaint Against:

Name of Veterinarian (1 per complaint form, even if same incident):
Name of Hospital where incident occurred:

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Statement of Complaint:

Name of animal(s) involved:

Age: Sex: Species / Breed:

Date(s) of incident:

Supporting material:

_____ Check if additional material attached. _____ Total number of pages attached.

- Include only legible copies (not originals) of any relevant documentation (e.g. consent forms, medical records, discharge instructions, etc.)

Witnesses:

Instructions:

- Describe the incident(s) that led to your registration of a complaint and note the times and dates the events occurred. Include the names of all individuals involved.
- Type or write legibly. Illegible complaints will be returned to complainant.
- Attach additional pages, if needed. Limit complaint to 1-3 pages. If additional information is needed, you will be contacted.

Briefly summarize complaint:

AUTHORIZATION FOR RELEASE OF RECORDS AND FORM REFERRAL

- My signature to this form, or a photocopy thereof, authorizes the Division of Professional Licensure to: (1) receive copies of all medical records relating to my application for complaint, and (2) to refer my application for complaint to other appropriate law enforcement authorities to investigate and/or prosecute
- I attest that the information provided is true, correct and complete to the best of my knowledge.

Sign and Date:

(required)