

**General information**Complaints are considered under *the Veterinary Practice Act 2018*.

The ACT Veterinary Practitioners Board consults with the ACT Human Rights Commission (Health Services Commissioner) in consideration of all complaints against veterinary practitioners.

**PART A: DETAILS OF PERSON LODGING COMPLAINT****1. Complainant Contact Details**

<b>Name</b>	Title					
	Given name(s)					
	Family name					
<b>Address</b>	Street no. and name					
	Suburb					
	State or Territory		Postcode			
<b>Phone numbers</b>	Mobile	<input type="text"/>	Work	<input type="text"/>	Daytime	<input type="text"/>
	<b>Email address</b>					
	<input type="text"/>					

**2. Veterinary Client (if same as complainant write 'as above')**

<b>Name</b>	Title					
	Given name(s)					
	Family name					
<b>Address</b>	Street					
	Suburb					
	State or Territory		Postcode			
<b>Phone numbers</b>	Mobile	<input type="text"/>	Work	<input type="text"/>	Daytime	<input type="text"/>
	<b>Email address</b>					
	<input type="text"/>					

**3. Animal Details**

Name	<input type="text"/>				
Species (e.g. dog)	<input type="text"/>				
Breed	<input type="text"/>				
Age	<input type="text"/>	Sex	<input type="text"/>	Colour	<input type="text"/>

**PART B: DETAILS OF THE VETERINARIAN(S)**
**1. Veterinary Practitioner's Contact Details**

<b>Name</b>	Given name(s)			
	Family name			

<b>Address</b>	Practice Name			
	Street No. and name			
	Suburb			
	State or Territory		Postcode	

<b>Phone number</b>	
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<b>Name</b>	Given name(s)			
	Family name			

<b>Address</b>	Practice Name			
	Street			
	Suburb			
	State or Territory		Postcode	

<b>Phone number</b>	
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If you are complaining about more than 2 veterinarians please attach additional contact details as per above

**2. Other Treating Veterinarian Contact Details<sup>1</sup>**

<b>Name</b>	Given name(s)			
	Family name			

<b>Address</b>	Practice Name			
	Street no. and name			
	Suburb			
	State or Territory		Postcode	

<b>Phone number</b>	
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<sup>1</sup> Other Treating Veterinarian means another veterinarian involved in managing the treatment of the animal but not the subject of this complaint

**PART C DETAILS OF COMPLAINT**

Please describe what happened, including dates, only entering details relevant to the alleged professional misconduct you are reporting.

**PART C DETAILS OF COMPLAINT (SUMMARY)**

Please summarise your main concern(s) in relation to this complaint

1.	
2.	
3.	
4.	
5.	

**Consent to release complaint and consent to release documents to the Board**

Please provide your permission to release the complaint to the treating veterinarian/s in order to allow them to understand the nature of the complaint and make an informed response.

If you agree to release the complaint, the named veterinarian/s will be provided a full copy of the complaint, including your identity.

If you do not agree to release the complaint only a general outline, without identification of yourself, others or the animals involved, will be forwarded for response. It should be noted this may not address the full merits of the complaint.

Do you agree to release of the complaint to the treating veterinarian/s?

Please provide your permission for all veterinarians responsible for the treatment of your animal to release copies of all documents and information relating to the treatment of your animal to the ACT Veterinary Practitioners Board in order to assist its investigation of this complaint.

Do you agree to release of the relevant documents to the ACT Veterinary Practitioners Board?