

STATE OF ARKANSAS VETERINARY MEDICAL EXAMINING BOARD 1 NATURAL RESOURCES DRIVE P.O. BOX 8505 LITTLE ROCK, AR 72215 (501) 224-2836	COMPLAINT AGAINST LICENSEE <input type="checkbox"/>  COMPLAINT AGAINST INDIVIDUAL <input type="checkbox"/> (If the complaint is being filed for practicing veterinary medicine without a license, please skip #4 below.)
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**OFFICIAL COMPLAINT FORM**

Name of Complainant:			Name of Licensee or Individual:		
Address	City	Zip	Address	City	Zip
Home Phone:	Business Phone:		Name of Clinic (if applicable)		
Email Address:					

**INSTRUCTIONS** for filing a complaint with the Arkansas Veterinary Medical Examining Board:

1. Give the full name and address of the licensee or individual that the complaint is against.
2. **Type** or **print** your statement on a separate sheet of paper and attach it to this form.
3. State facts briefly and clearly.
4. If the complaint is against a veterinarian, please specify below the violation of the Veterinary Medical Practice Act and/or Regulations that best applies to this case:

**Ark. Code Ann. §17-101-305 of the Veterinary Medical Practice Act consists of the following for denial, suspension or revocation of a veterinarian's license (mark only ONE):**

- |          |           |           |           |           |
|----------|-----------|-----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ | 16. _____ | 21. _____ |
| 2. _____ | 7. _____  | 12. _____ | 17. _____ |           |
| 3. _____ | 8. _____  | 13. _____ | 18. _____ |           |
| 4. _____ | 9. _____  | 14. _____ | 19. _____ |           |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |           |

**If you marked #11 above, please mark below a corresponding Regulation for Unprofessional Conduct (mark only ONE):**

- |          |          |          |          |
|----------|----------|----------|----------|
| A. _____ | E. _____ | I. _____ | M. _____ |
| B. _____ | F. _____ | J. _____ | N. _____ |
| C. _____ | G. _____ | K. _____ | O. _____ |
| D. _____ | H. _____ | L. _____ | P. _____ |

5. If the complaint is against a veterinary technician, please specify below the violation of the Veterinary Medical Practice Act that best applies to this case:

**Ark. Code Ann. §17-101-308 of the Veterinary Medical Practice Act consists of the following for denial, suspension or revocation of a veterinary technician’s certificate (mark only ONE):**

- |          |           |           |
|----------|-----------|-----------|
| 1. _____ | 6. _____  | 11. _____ |
| 2. _____ | 7. _____  |           |
| 3. _____ | 8. _____  |           |
| 4. _____ | 9. _____  |           |
| 5. _____ | 10. _____ |           |

- 6. Furnish full names and complete addresses of all persons whom you think can confirm all or part of your allegations. They may submit statements as well.
- 7. Please be sure to give exact dates; if not possible, give month and year.
- 8. Enclose a copy of your pet’s medical records from the veterinarian (if applicable).
- 9. Board policy states that a complaint must be filed within one year from the time the incident occurred until the time the complaint is filed.
- 10. The owner of the animal must file the complaint. The Board cannot accept a complaint filed by a second party.
- 11. Have this form notarized and return it with ALL information to the Board office.

*“I do solemnly swear or affirm that the information given in this affidavit is true, correct and complete to the best of my knowledge. I hereby authorize the Arkansas Veterinary Medical Examining Board to verify any and all information contained in this affidavit. This affidavit and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas Veterinary Medical Examining Board.”*

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
(Date)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

(SEAL)

My Commission Expires: \_\_\_\_\_

**LIST NAMES OF PERSONS WHO CAN CONFIRM ALL OR PART OF YOUR ENCLOSED STATEMENTS:**

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NAME	ADDRESS	CITY	ZIP	PHONE
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NAME	ADDRESS	CITY	ZIP	PHONE
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NAME	ADDRESS	CITY	ZIP	PHONE
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NOTICE: All complaints within the jurisdiction of the Board must be in writing, signed and dated by the complainant, notarized and filed with the Executive Director of the Board. The Executive Director, upon receiving such complaint, may proceed to investigate the complaint and take statements from any person thought to have knowledge of any fact(s) pertaining thereto.