## ARKANSAS DEPARTMENT OF AGRICULTURE ARKANSAS LIVESTOCK AND POULTRY COMMISSION 1 NATURAL RESOURCES DRIVE LITTLE ROCK, AR 72205 (501) 225-1598

| COMPLAINT AGAINST LICENSEE                                                                                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| COMPLAINT AGAINST INDIVIDUAL (If the complaint is being filed for practicing veterinary medicine without a license, please skip #4 below.) |  |

## **OFFICIAL COMPLAINT FORM**

| Name of Complainant: |                                                                                      | Name of Lic                                                                             | Name of Licensee or Individual:                                                          |                                                                                         |                                                                                                                                             |                                         |
|----------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Addres               | SS                                                                                   | City                                                                                    | Zip                                                                                      | Address                                                                                 | City                                                                                                                                        | Zip                                     |
| Home                 | Phone:                                                                               | Business Ph                                                                             | one:                                                                                     | Name of Cli                                                                             | nic (if applicable)                                                                                                                         |                                         |
| Email A              | Address:                                                                             |                                                                                         |                                                                                          |                                                                                         |                                                                                                                                             |                                         |
| 1.<br>2.<br>3.<br>4. | Give the full  Type or prin  State facts b  If the comple  Practice Act  Ark. Code A | name and addre t your statement riefly and clearly aint is against a v and/or rules tha | ess of the licer<br>t on a separat<br>ceterinarian, p<br>t best applies<br>of the Veteri | nsee or individual to<br>be sheet of paper and<br>please specify below<br>to this case: | d Poultry Commission hat the complaint is not attach it to this for which with a violation of the tice Act consists of the (mark only ONE): | against.<br>rm.<br>e Veterinary Medical |
|                      | 1<br>2<br>3<br>4<br>5<br>If you market<br>only <u>ONE</u> ):                         | 6<br>7<br>8<br>9<br>10<br>ed #11 above, pla                                             |                                                                                          | 11<br>12<br>13<br>14<br>15                                                              | 16<br>17<br>18<br>19<br>20<br>ng rule for Unprofes                                                                                          | 21sional Conduct (mark                  |
|                      | A<br>B<br>C                                                                          | E<br>F<br>G                                                                             |                                                                                          | I<br>J<br>K                                                                             | M<br>N<br>O                                                                                                                                 |                                         |

| Official | l Compl | laint | Form |
|----------|---------|-------|------|
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| 5.                                                                | =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | =                                            | st a veterinary technician, please specify below the violation of the Veterinary t best applies to this case: |                                                                                                                                                      |                                    |  |  |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--|--|
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | -                                                                                                             | edical Practice Act consists of th<br>technician's certificate (mark on                                                                              | _                                  |  |  |
|                                                                   | 1<br>2<br>3<br>4<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6<br>7<br>8<br>9<br>10                       | 11.                                                                                                           |                                                                                                                                                      |                                    |  |  |
| <ul><li>6.</li><li>7.</li><li>8.</li><li>9.</li><li>10.</li></ul> | 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.  Please be sure to give exact dates; if not possible, give month and year.  Enclose a copy of your pet's medical records from the veterinarian (if applicable).  The rule states that a complaint must be filed within one year from the time the incident occurred until the time the complaint is filed.  Have this form notarized and return it with ALL information to the address on the top of the form. |                                              |                                                                                                               |                                                                                                                                                      |                                    |  |  |
|                                                                   | to the best of n<br>verify any and a<br>authorization o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ny knowledge. I here<br>all information cont | eby authorize thained in this afj<br>ion of applicabl                                                         | n given in this affidavit is true, cone Arkansas Livestock and Poultry fidavit. This affidavit and signature information to release such information | y Commission to<br>re shall act as |  |  |
|                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                                                                               | (Signature of Complainant)                                                                                                                           | (Date)                             |  |  |
| Subscribe                                                         | ed and sworn before me t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this day of                                  | , 20 _                                                                                                        | ·                                                                                                                                                    |                                    |  |  |
| (Signa                                                            | ture of Notary P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ublic)                                       |                                                                                                               | (SEAL)                                                                                                                                               |                                    |  |  |
| My Comr                                                           | nission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |                                                                                                               |                                                                                                                                                      |                                    |  |  |

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

| NAME | ADDRESS | CITY | ZIP | PHONE |
|------|---------|------|-----|-------|
| NAME | ADDRESS | CITY | ZIP | PHONE |
| NAME | ADDRESS | CITY | ZIP | PHONE |

NOTICE: All complaints within the Arkansas Livestock and Poultry Commission's (ALPC) jurisdiction must be in writing, signed and dated by the complainant, notarized, and filed with the ALPC at the address on the top of the form. The ALPC, upon receiving such complaint, may proceed to investigate the complaint and take statements from any person thought to have knowledge of any facts pertaining thereto.