



WEST VIRGINIA BOARD OF VETERINARY MEDICINE
5509 Big Tyler Road, Suite 3
Cross Lanes, West Virginia 25313
Telephone: (304) 776-8032 Fax: (304) 776-8256

COMPLAINT FORM

The Board has authority to suspend, revoke or otherwise reprimand a licensee upon determination of probable cause. **We do not have authority to recover or seek monetary compensation on your behalf.** You may seek any such restitution through the legal or insurance system, if applicable.

- Prepare your written complaint in type-written form, if possible. If not possible, please print clearly and legibly.
- **Complaint form and documents can be either mailed to the Board office or emailed to brandi.n.legg@wv.gov.**
- Be specific on all allegations, giving details as best you can, elaborating all the particulars of your complaint.
- Supply any corroboration and/or documentation relevant to the allegations specified in your complaint, such as receipts or reports from other veterinarians.
 - Any materials supplied will remain the property of the Board. Documents which cannot be copied on a black and white copier must be submitted in triplicate for distribution. Examples would be videos, x-rays, color photos, etc.
- Your complaint, as well as any materials sent to this Board, will be copied by the Board (unless materials are submitted by you in triplicate) and supplied to the Respondent. The Respondent is allowed thirty days (30) from our date of notification to answer, in writing, to the charges in your complaint.
- We will supply a copy of the Respondent's response to you upon our receipt.
 - We will not ask for and should not receive any further information from you at that time. If the case goes to a hearing, you will have the opportunity, during your testimony at the hearing, to dispute statements made by the respondent which you do not agree with.

Name of Complainant: _____ Patient's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Email: _____

Name Complaint is Against (Respondent): _____

_____ Veterinarian _____ Registered Veterinary Technician _____ Certified Animal Euthanasia Technician

Facility Name: _____ Phone: _____

Address: _____

Signature of Complainant

Date