



**Iowa Board of Veterinary Medicine**

Hoover State Office Building  
1305 E Walnut Street  
Des Moines, IA 50319  
515-281-8617

**COMPLAINT INVESTIGATION REPORT FORM**

Incomplete forms will be returned

\* asterisk lines are required

\*Name of Complainant: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street Address City State Zip Code

\*Telephone Number(s): \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Are you the owner of the animal(s)? Yes No

If No, please explain your involvement with the animal(s) and the complaint.

\*Name of veterinarian complaint is regarding: \_\_\_\_\_

\*Address: \_\_\_\_\_  
Street Address City State Zip Code

\*Telephone Number(s): \_\_\_\_\_

Description and nature of complaint (Include Dates): *(use additional pages if necessary)*

Continued: Description and nature of complaint (Include Dates):

Did you take your animal to another veterinarian? Yes No

Name of veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number(s): \_\_\_\_\_

Description of services provided (Include Dates):

Any witnesses? Yes No

Name of witness: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant Date