

Iowa Board of Veterinary Medicine
Wallace State Office Building
502 E. 9th St.
Des Moines, Iowa 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)

Street Address

City

State

Zip Code

Telephone Number(s): _____

Email address: _____

Signature of Complainant

Date