

**KANSAS BOARD OF VETERINARY EXAMINERS**  
**PO Box 379**  
**Wamego, Kansas 66547-0379**  
**Telephone: 785.456.8781**

**COMPLAINT FORM:**

Name of person making complaint: \_\_\_\_\_  
(complainant)

Address of complainant: \_\_\_\_\_  
\_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of person complaint is made against \_\_\_\_\_

Name of veterinary clinic or service: \_\_\_\_\_

Address of veterinarian: \_\_\_\_\_

*(If known)*

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**NATURE OF COMPLAINT:**

Please state clearly and specifically all complaints against the above named party. Please list each incident setting forth the specific date(s), names of any/all witnesses, and a brief statement describing the incident. If additional space is needed, please attach separate sheets. Also please include any and all records, invoice, or other documents pertaining to this matter that you may have. In addition to this information, please circle your responses to the questions listed at the bottom of this form. Once signed, return this form to the KBVE at the address listed above.

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