**Oregon Veterinary Medical Examining Board**
800 NE Oregon St, Suite 407
Portland, OR 97232-2187
971-673-0224 Fax: 971-673-0226
E-mail: ovmeb.info@state.or.us
Web: www.oregon.gov/ovmeb

# Complaint Form

Use this form to submit a complaint about an Oregon Veterinarian, Technician or Facility.
**Please note that the Board does not have the authority to review fee disputes, business practices or communication issues.** More information**:** www.oregon.gov/ovmeb/Pages/howtofile.aspx

**1. Your information:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Pet Name, Species, Breed and Sex: _____

Dates of Treatment: _____

**2. Your complaint is against:**

Name: _____

Facility/Clinic Name: _____

Address: _____

City: _____ Oregon, Zip: _____

Phone: _____

**3. If another Veterinarian treated your pet AFTER the Veterinarian listed above, please provide the second Veterinarian's information here:**

Name: _____

Facility/Clinic Name: _____

Address: _____

City: _____Oregon, Zip: _____

Phone: _____

(Continued on next page)

**4. Have you contacted the Veterinarian about your complaint?**

Yes: _____ No: _____ If Yes, what was the result? _____

_____

**5. If this matter goes to a hearing, would you be willing to testify?**

Yes: _____ No: _____

**6. Please write legibly or type your complaint below. Be factual with dates, names of witnesses etc. Please attach copies of bills, radiographs or other documentation you may have. You may use additional sheets if necessary.**

☐ The statements contained on this form and any attachments are true and correct to the best of my knowledge.

_____ _____

*Signature* *Date*

**Mail the completed form and any attachments to:**

**Veterinary Board Investigator**
**800 NE Oregon, Suite 407**
**Portland, OR 97232**