The Veterinary Surgeons Board of Queensland

Veterinary Surgeons Act 1936

Complaint Form

(For completion in type or printed in black ink)

PART A – Complainant Details

Name: (Mr/ Mrs/ Ms)	
Address:	
	Postcode:
Contact Telephone (Office Hours):	Email:
Relationship to owner (if not the owner)**:**	

Owner of Animal (if different to above)**:**

Name: (Mr/ Mrs/ Ms)	
Address:	
	Postcode:
Contact Telephone (Office Hours):	Email:

Animal Details:

Name:	**Type of Animal:**
Age:	**Breed:**
Sex:	**Colour:**

PART B –Veterinary Surgeon the subject of the complaint:

Name:	
Practice Name:	**City/Town/Suburb:**
If the complaint is against more than one veterinary surgeon, please attach details for all veterinary surgeons.	

Other veterinary surgeons involved in treatment of the case (at same practice or second opinion vet)

Name:	
Practice Name:	**City/Town/Suburb:**
Detail Involvement:	
Name:	
Practice Name:	**City/Town/Suburb:**
Detail Involvement:	

Professional Standards and Complaints Guidelines

Have you read the professional standards and complaints guidelines published on the Board Website?	Yes ☐	No ☐
If **no**, please consult the guidelines as your complaint will be assessed only within the boundaries of the guidelines.		

Attempts to resolve your complaint with the practice

Have you discussed your complaint with anyone from the practice concerned?	Yes ☐	No ☐
If **yes**, with whom did you discuss your complaint and what happened?		
If **no**, please consider seeking an explanation from the veterinary surgeon named or the practice principal veterinary surgeon before lodging a complaint with the Board.		

Part C – Date of treatment

Please give the commencement date and end date of the treatment the subject of the complaint. If your complaint relates to treatment ended more than 12 months ago, consideration is given as to why you have not lodged a complaint to the Board before now. Generally, if your complaint relates to the end result of treatment more than 12 months ago, it will be considered as falling outside the statutory limitations. (Refer to Guidelines)
Start Date:
End Date:

Complaint Submission - nature and purpose of veterinary treatment sought

Provide a brief outline of the case history, describing symptoms or reason for presentation, *eg* elective procedure, trauma, medical assessment, ongoing treatment, post-operative care.

Part D – Summary of specific Issue(s) the basis of your dissatisfaction with the treatment

If multiple issues list as (a), (b), (c) etc. (Refer to page 4 before completion.)

Part E – Supporting Information

Provide **brief** supporting information including relevant dates for each specific issue listed in Part D. An additional page of supporting information can be added in complex cases.

Supporting Information Cont'd

Signing the Complaint

By signing the complaint you are accepting that the complaint will be evaluated and assessed in accordance with the published guidelines. Where there is deemed to be Board jurisdiction, you accept that the Board will provide the complaint and accompanying documents to the veterinary surgeon named for response to the Board and may be provided to other persons from whom the Board might seek an opinion or comment in the course of the assessment.

Signature: _____

Date: _____/_____/_____

Information Privacy Notice (Information Privacy Act 2009)

The Veterinary Surgeons Board of Queensland is an 'Agency' in terms of the Right to Information Act 2009 and Privacy Information Act 2009 and the provisions of those statutes applies to documents in the possession of the Board.

The Board will only use and disclose the personal information given in the lodgment of a complaint for the purpose of conducting an assessment of the complaint. The information will not be disclosed to any other parties unless authorised or required by law.