



STATE OF IDAHO

Board of Veterinary Medicine

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COMPLAINT FORM

When completing this form, please type or print as legibly as possible so all information can be easily read and understood.

Please mail the completed form to: Idaho Board of Veterinary Medicine
2270 Old Penitentiary Rd
Boise, ID 83707

Today's Date: _____

Complaint made by:

Name: _____

Address: _____

Phone Number(s): H: (____) _____ M: (____) _____

Complaint is against:

Name: _____

Business Name: _____

Address: _____

Phone Number(s): W: (____) _____ M: (____) _____

Details of Complaint: Please include dates, time, names of witnesses, addresses, phone numbers, etc.
If more space is needed, attach as many additional sheets of paper as necessary.

This complaint is true, accurate, and complete to the best of my knowledge and belief.

Signature: _____

Date: _____