



# 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 P.O. BOX 7249 2230 Old Penitentiary Rd Boise, ID 83707
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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.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_