



## Veterinary Surgeons' Board



### **Before you make a complaint please read this:**

The Veterinary Surgeons' Board of Western Australia (the Board) can only investigate complaints about the professional conduct of a veterinary surgeon, veterinary nurse or authorised person. Sometimes the issues which are important to you cannot be addressed by the Board, for example:

- (a) disputes about fees and charges;
- (b) allegations of conduct that may be less than optimal, but which is not of a standard that warrants a charge of unprofessional conduct;
- (c) allegations against entities, ie a hospital as opposed to the veterinary surgeon (unless it is regarding registration of veterinary clinics or hospitals); and
- (d) complaints that fall under the control of some other Statutory Authority or organisation given specific powers under other legislation, for example, alleged cruelty to animals under the Prevention of Cruelty to Animals legislation.

If your complaint falls under any of the above categories, you may wish to contact contacting the Department of Commerce on 1300 304054 for a fees dispute, the Ombudsman for a complaint against the administrative decision or actions of an entity, or pursuing allegations of negligence through the courts.



## Complaint form

***This form is to be used when a written approach to the veterinary surgeon concerned has been unsuccessful in resolving the issue.***

The form is supplied to allow the Board to gather as much information as possible about the 'incident' which led to your complaint. If there are any questions which you are unable to answer, please write unknown, or if the question is not applicable, please cross out this question. It is important that you answer ALL sections of this form and complete the separate history of the complaint. Please note if you do not complete the statutory declaration attached to this form, the Board will not be able to consider your complaint.

### Complainant Details:

Name: (Dr / Mr / Mrs / Ms / Miss)		
Address:		
		Postcode:
Telephone number	Home: ( )	Business: ( )

Relationship to service user *: (eg. self, son, sister, parent etc)
Do you or the service user require an interpreter? <i>please circle</i> <b>YES</b> <b>NO</b>
If yes, preferred language:

\* The 'service user' is the person who presented the animal to the veterinarian.

### Details of the Service User (Only fill in if the details are not the same as above):

Name: (Dr / Mr / Mrs / Ms / Miss)		
Address:		
		Postcode:
Telephone number	Home: ( )	Business: ( )
In whose name are the veterinary records kept?		

### Animal Details:

Name:	Type of Animal: Dog / Cat / Horse / Bird / Other
Age:	Breed/Colour :
Sex: Male / Female	Distinguishing Marks:

**Veterinary Surgeon Details:**

Name (s) of vet about whom you are complaining:	Name of clinic/hospital:
Address of clinic/hospital:	
	Postcode:
Telephone number:	

Other clinics/hospitals involved in the treatment of your animal ie for second opinion / further treatment / referrals.	Address and contact details if known:
1.	
2.	
3.	

Date/s the incident/s occurred:
---------------------------------

The following sections are important in assisting the Board to clearly understand your main concerns and to ensure all issues are addressed. If there is insufficient space, please attach a separate sheet.

<p><b>Specific Issues you wish to be addressed:</b></p> <ul style="list-style-type: none"><li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li></ul>
--

**What you hope to achieve from this investigation:**

- 
- 
- 
- 
- 

Has this complaint been lodged with another organisation?  
(eg. Ombudsman, SAT, Magistrates Court etc) *please circle*      **YES\***      **NO**  
If yes, please give details:

\* Please note, the Board will not commence an investigation whilst another investigation is proceeding.

**Privacy Statement:**

The Board will only use and disclose information given about you for the purpose of conducting an investigation into this complaint, unless consent has been obtained to use the information for additional purposes.

The Board upholds its obligations for the responsible handling of personal information and to protecting an individual's right to privacy.

**Declaration by Complainant:**

I understand that information given in this complaint form and the attached detailed history of the complaint, will be sent to the veterinary surgeon for comment.

**Complainant Signature:**

**Date:**

I give permission for the release of my animal's clinical records to the Board. If other vets were involved in the care of my animal I give permission for all vets to comment on this case.

**Signature of person in whose name  
the veterinary records are kept:**

**Date:**

**STATUTORY DECLARATION**

*Oaths, Affidavits and Statutory Declarations Act 2005 (WA)*

I, \_\_\_\_\_ of \_\_\_\_\_

*Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Occupation*

sincerely declare that the contents of:

1. This complaint form dated \_\_\_\_\_ make a complaint about  
*Insert date*

\_\_\_\_\_; and  
*Insert name of person complained about*

2. The attached history of the complaint dated \_\_\_\_\_  
*Insert Date*

are true and correct to the best of my knowledge, information and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the Oaths, Affidavits and Statutory Declarations Act 2005 at \_\_\_\_\_ on \_\_\_\_\_ by -

.....  
*Signature of person making declaration*

in the presence of

.....  
*Signature of authorised witness*

.....  
*Name and qualification of witness*