



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Veterinary Examining Board
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4353

COMPLAINT FORM

Mail this form to the address above or send to datcpVEB@wi.gov

If you have any questions about completing this form, contact the VEB staff at 608-224-4353.

Under Wisconsin's Open Records Law, this complaint and the information you provide will be available for public review upon request.

Complaint filed by (First, Middle, Last):	
Address:	
City, State, Zip:	
County:	Phone # with area code:
Email address:	
Is the animal deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Death _____	

People and/or Entities the complaint is against:	
Address:	
City, State, Zip	
County:	Phone # with area code:
Email address:	

1. When did the incident occur (if you do not know the exact date, make as close an estimate as possible)?
2. Where did the incident occur (include town/city/village/county)?
3. Have you tried to resolve this matter? If so, please provide details.
4. If your complaint is, or has been, under consideration by another agency or court please provide that information.
5. Who else has information related to this incident? Provide names, addresses, email addresses and phone numbers for those persons.

6. Describe the incident. Include as much specific information as possible. Attach additional pages if needed. Attach copies of any relevant documents or evidence such as contracts, photographs, medical records, billing statements, personal notes, pill bottles, etc. It is very important that you do not dispose of any information or evidence even after you have filed a complaint.

Signature

Date