



## COMPLAINT REPORTING FORM

As the licensing and governing body for veterinarians in the Province of Saskatchewan, the Saskatchewan Veterinary Medical Association (SVMA) takes your complaint seriously. All complaints are reviewed by the professional conduct committee. Review of a complaint may take several months.

**The Complaints Process:**

To begin the formal review process of your complaint, please:

- Complete this form and forward to the SVMA, Attn: registrar

Upon receipt of the completed form, the SVMA will:

- Provide the veterinarian(s) complained about with a copy of the written complaint.
- Contact those individuals/clinics who may have information relevant to the complaint.
- Review all information.

Following the review, the SVMA, through its professional conduct committee will:

- Inform the complainant and the veterinarian(s) in writing of the results of the review.

**1. Owner's Information:**

Ms./Mrs./Mr./Dr. (circle one) \_\_\_\_\_ Address \_\_\_\_\_  
 Last Name \_\_\_\_\_ Town/City \_\_\_\_\_  
 Given Name \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

**2. Animal(s) Description:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Provide the name(s) of the veterinarian(s) complained about along with their practice location.**

Veterinarian(s)	City/Town

4. Provide the name(s) of the clinics/hospital(s) attended either as an inpatient or for emergency/outpatient treatment relevant to the complaint, and the date(s) of those visits(s).

Name of Hospital/Clinic	City/Town	Dates(s)

5. Provide the name(s) of any other individual(s) who may have information pertaining to the complaint.

Name	Location	Information

6. Provide a brief and clear description of the concern(s) you have about the veterinarian(s) named in the complaint.

If additional space is required, sign and number each page submitted.

**7. In summary, please list in point form the questions/concerns you wish the veterinarian to address.**

If additional space is required, sign and number each page submitted.

**8. What is your expectation from the review of this complaint?**

The purpose of the Complaints Resolution Process is educational in order to reduce the risk of recurrence. The SVMA CANNOT AWARD FINANCIAL COMPENSATION.

If additional space is required, sign and number each page submitted.

\_\_\_\_\_  
Signature of person making complaint

\_\_\_\_\_  
Date

*If you have any questions or require assistance to complete this form, please contact the SVMA Registrar at 306.955.7863.*

Return to:

Saskatchewan Veterinary Medical Association  
202 – 224 Pacific Avenue  
Saskatoon SK S7K 1N9  
FAX: 306.975.0623