



<b>Date received:</b> _____
<b>Date forwarded to committee for review:</b> _____

Indiana Veterinary Medical Association  
***Grievance Form***

This form must be completed, in full, before an investigation of a grievance against a veterinarian is initiated by the Indiana Veterinary Medical Association's Peer Review Committee:

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

What hours are best to contact you: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

Has this Grievance been sent to the Consumer Protection Division of the Office of the Attorney General for investigation?

Yes       No

Has any lawsuit been initiated concerning this grievance?

Yes       No

Describe specifically and in chronological order the concerns you have regarding the above named veterinarian. Be sure to include dates (attach statement to this form). Please submit copies of any records you deem pertinent to this case.

Please return this information to:

Indiana Veterinary Medical Association  
201 South Capitol Avenue, Suite 405  
Indianapolis, IN 46225