

TRINIDAD AND TOBAGO VETERINARY ASSOCIATION COMPLAINTS FORM

When completing this form please ensure that you:

1. Type or write clearly, in black ink. We will scan your complaint and prepare an electronic copy and we may need to photocopy it; preferably type out your complaint and/or use dark ink.

2. Print and sign the form. Your signature is required for your complaint to be investigated, because, for example, we need to send this complaints form to the veterinary surgeon and practice concerned and we cannot do this without your permission. We also require your permission for the veterinary surgeon and practice to disclose to the TTVA information about you and your animal.

YOUR DETAILS

1. Name (in BLOCK LETTERS):

2. Address:

3. Telephone contact

Work:

Home:

Mobile:

4. Email address:

DETAILS OF THE ANIMAL (IF APPLICABLE)

Please select/indicate as appropriate

5. Are you the owner of the animal? Yes No

(If NO, who is the owner?)

6. What is the animal's name/identification number?

7. What species is the animal? Dog Cat

Other (specify)

8. What breed is the animal?

9. How old is the animal?

10. What sex is the animal? Male Female

11. Is your animal still alive? Yes No

12. If no, was your animal put to sleep? Yes No

WHO IS YOUR COMPLAINT AGAINST?

13. Who is the veterinarian about whom you are complaining?

Veterinarian's name:

Name of veterinary clinic/practice:

Address/location:

Telephone contact:

14. Was your animal seen by any other veterinarian from this practice (named in 13)?

Yes No

If yes, please give the name(s) of any other veterinarian(s) involved:

15. Did you go to another veterinarian or practice for another opinion?

Yes No

Name:

Practice:

Address:

When was the opinion sought?

IS THERE A FEE DISPUTE?

16. Is there a fee dispute or fee issue between you and the practice?

Yes No

If yes, please give details and include relevant correspondence with the veterinarian or practice. ***We cannot adjudicate on the level of fees unless they are extreme.***

Your complaint will be considered based on the information provided here; therefore, it is important to include all relevant information and issues at this point.

19. Please give a brief outline of your complaint, including relevant dates, symptoms, and treatment administered (where applicable). Please provide details of what happened at any subsequent veterinary practice. ***Please continue on separate paper, if necessary.***

Please attach copies of any correspondence with the veterinarian or practice and any copies of clinical records or other relevant information in your possession.

YOUR VIEW ABOUT WHAT WAS WRONG AND WHAT WE SHOULD DO

20. What particularly dissatisfied you? (Please list)

a)

b)

c)

20. Finally, what would be a satisfactory outcome to your complaint?

Please remember that the TTVA cannot award compensation, fine a veterinarian, or decide whether you are liable to pay fees.

21. Please print and sign your completed complaint form before returning it to us, to give us permission to investigate your complaint in accordance with TTVA procedures. Your signature is required for your complaint to be investigated, because, for example, we need to send this form to the veterinary surgeon and practice concerned and we cannot do this without your permission.

We also require your permission for the veterinary surgeon and practice to disclose to the TTVA information about you and your animal, including, for example, copies of clinical records, radiographs and other similar documents. We may also disclose information about you to another authority or regulator.

Please sign below to give this permission and declare that your information is true to the best of your knowledge and belief.

Please note that it is important that you supply us with all relevant information from the outset, so that we can fully consider your complaint.

Signed

Date.....

DD / MM / YYYY

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.