

WEST VIRGINIA BOARD OF VETERINARY MEDICINE

5509 BIG TYLE ROAD, SUITE 3
CROSS LANES, WEST VIRGINIA 25313

PHONE (304) 776-8032
FAX (304) 776-8256
Email: wgoodwin@wvnet.edu

WANDA GOODWIN
EXECUTIVE DIRECTOR
Web site: www.wvbvm.org

Dear _____,

In the event you wish to file a formal complaint against Dr. _____, we must ask that you have such complaint verified, under oath. This will require the board to determine whether sufficient evidence exists to require a hearing on the allegations. If a hearing is held on your complaint, it could require your presence at such hearing, as well as your testimony under oath of the facts as alleged in your complaint.

Please be aware that this board has authority to suspend, revoke or otherwise reprimand a veterinarian, upon determination of just cause. We do not have authority to recover or seek monetary compensation against a veterinarian on your behalf. You may seek any such restitution through the legal or insurance system, if applicable.

We also ask that you;

- Prepare such written complaint in type written form, if at all possible. If not possible, please print clearly and legibly.
- Be specific on all allegations, giving details as best you can, elaborating all the particulars of your complaint.
- Supply any possible corroboration and/or documentation at your disposal relevant to any and all allegations specified in your complaint, such as receipts or reports from other veterinarians who repudiate actions by the party you are complaining against. Any materials supplied will remain the property of the West Virginia Board of Veterinary Medicine.
- Your complaint, as well as any materials sent to this board, will be copied and supplied to the veterinarian. This is to allow the veterinarian opportunity to evaluate the complaint and respond to this board. The veterinarian is allowed thirty days (30) from our date of notification to respond in writing to your complaint. We will supply a copy of his or her response to you upon our receipt.
- All such complaints filed must be notarized. Also, a statement verifying the facts as you state them must be made. On the following page we have prepared a statement which must be completed and returned with your notarized complaint.

Should you have questions regarding filing of complaints not answered herein, please call our office and we will be happy to assist you.

Yours Truly

Wanda Goodwin

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- I, _____, do hereby swear that the allegations made against Dr. _____, as listed in the enclosed verified complaint, are true and correct, to the best of my knowledge.

Sworn and verified, by signature as stated below, this the ____ day of _____, 20__.

Signature of complainant: _____

I, _____, a notary public of _____ County, State of _____, do hereby acknowledge signing of the aforesaid document before me, this the _____ day of _____, 20__.

Signature of notary public: _____

My commission expires _____.

Notary Seal