

KENTUCKY BOARD OF VETERINARY EXAMINERS

4047 Iron Works Parkway, Suite 104, Lexington, KY 40511

Office: 502-564-5433 • Fax: 502-753-1458

kbve.kv.gov • vet@kv.gov

| Grievance Form | Grievance Form | | | | | | | OFFICIAL USE ONLY | | | |
|--|----------------|--|-------------|------------|-----------------|-----|------------------------|-------------------|------------|--------|--|
| Instructions: This form shall be completed by an individual or entity filing a grievance with the Kentucky Board of Veterinary Examiners (KBVE) for suspected violations of KRS Chapter 321 or 201 KAR chapter 16. | | | | | | | | | | | |
| I. Contact Inf | | | | | | | | | | | |
| First Name | | Last Name | | | Phone Number | | | | | | |
| Email Address | | | | | | | | | | | |
| | | Street | | | City | | ST | Z | ip | County | |
| Mailing Address | | | | | | | | | | | |
| II. Patient Info | rm | ation, if applicab | le | | | | | | | | |
| Name of Animal(s) | | animal Type e.g., dog, cat, horse, etc.) | | Animal 1 | Breed | | | Anii | Animal Age | | |
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| III. Information on Individual(s) who Grievance is About | | | | | | | | | | | |
| First Name | Las | st Name | License Num | | mber* | | Phone Number, if known | | | | |
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| Business Name | | | | | | | | | | | |
| Street Address | | | | Ci | ty | | State | | | Zip | |
| | | | | | | | | | | | |
| *License numbers may be | ooke | d up online at http:// | oot | o.ky.gov/l | ic search.ası | OX. | I | | 1 | | |

| IV. Person(s) able to Provide Additional Information | | | | | | | | |
|--|---------------------------|----------------------------|--|--|--|--|--|--|
| First Name | Last Name | Phone Number* | Type of Information | | | | | |
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| V. Summary of Grievance | | | | | | | | |
| Provide a narrative of your grievance. Be as specific as possible regarding names, dates, locations, and action(s) which you believe to be improper, unethical, or unprofessional. Write legibly. You may also | | | | | | | | |
| indicate "See attached" below, and then attach typed or written pages to this form as necessary. | | | | | | | | |
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| VI. Supporting Documentation | | | | | | | | |
| 11 6 | | | . Documents may include copies of medical | | | | | |
| records, invoices, paid rec | eipts, pictures, etc. Pro | vide a brief list and desc | cription of each document below. If you | | | | | |
| are unable to obtain medical records, please sign and attach the "Authorization for the Release of Medical | | | | | | | | |
| Records" form located online at www.kybve.com/forms.html . | | | | | | | | |
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| By signing this Grievance knowledge. | Form, I hereby certify th | nat the information is co | omplete and true to the best of my | | | | | |
| Signature: | | Γ | Oate: | | | | | |
| Print Name: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Electronic submissions | preferred: | | rms and supporting documents to: | | | | | |
| Vet@ky.gov | | | rd of Veterinary Examiners rks Parkway. Suite 104 | | | | | |



Lexington, KY 40511