

COMMONWEALTH OF VIRGINIA

Department of Agriculture and Consumer Services

Division of Animal and Food Industry Services
Office of Veterinary Services

102 Governor Street, Richmond, Virginia 23219 Phone: 804-692-4001 Fax: 804-371-2380



COMPLAINT FORM

The Office of Veterinary Services (OVS) investigates complaints alleging violation of the Virginia Laws and Virginia Administrative Codes pertaining to facilities, agencies, and persons subject to direct regulation by this office.

Please use this form to submit such a complaint.

Complaints pertaining to a subject under the enforcement authority or regulation of another agency should be submitted directly to the appropriate state or local enforcement agency.

If such a complaint is received by OVS, it will be forwarded accordingly.

This form may be submitted by mail or fax using the contact information above, or submitted by email to: animalcare@vdacs.virginia.gov

SECTION 1 – COMPLAINANT INFORMATION								
Mr. Mrs. Ms.	Last Name		First Name			Middle Initial		
Street Address					Apt. or Suite	Number		
City			State			Zip Code		
Telephone Number		Email Add	ress					

SECTION 2 – SUBJECT OF COMPLAINT							
Subject Name (provide name of individual if subject is a private animal owner, or name of business, non-profit organization, or government agency)							
Street Address							
City		State	Zip Code				
Telephone number	Website URL and/or Email Add	dress					

SECTION 3 – NATURE OF COMPLAINT						
Please provide a detailed description of your complaint. Word document, PDF, or photocopied image.	Use additional sheets if necessary. You may also a	ittach any supp	porting documentation in the form of a			
SECTION 4	- RESOLUTION ATTEMPTED BY COMPL	ΔΙΝΔΝΤ				
SECTION 4	RESOLUTION ATTENNITED DI COMITE	AIIVAIVI				
Have you made direct contact with the subject of the complaint on this matter? Yes [] or No []	If yes , name and title (if applicable) of person mo contacted:	ost recently	Person's telephone number			
List any other agencies or organizations you have contact	ted to attempt to resolve this particular complaint	and the outco	me:			
	SECTION 5 – DISCLAIMER					
 All complaints, whether substantiated or not, will be retained within VDACS' records for five years from the date the complaint is received by VDACS. Afterward, VDACS will destroy the records in accordance with the Virginia Public Records Act, Virginia Code Section 42.1-76 et seq. Any information provided on this complaint form is subject to disclosure under the provisions of the Virginia Freedom of Information Act, Virginia Code Section 2.2-3700 et seq. For this reason, please do not provide any information of a sensitive personal nature on this form. If you wish to remain anonymous, please do not fill out the complainant information section. The information requested on this form and on any subsequent requests for additional information is subject to the Virginia Government Data Collection and Dissemination Practices Act, Va. Code Section 2.2-3800 et seq. By submitting this form, you authorize the Virginia Department of Agriculture and Consumer Services, and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you, and to take whatever lawful actions are deemed appropriate with regard to your complaint. By submitting this form, you certify that the statements made herein or on any attached documentation are true and complete to the best of your knowledge, information, and belief. 						
		Date:				

If you are completing this form electronically, please check this box: \Box