



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 Address	

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 Address	

SECTION 3 – NATURE OF COMPLAINT

Please provide a detailed description of your complaint. Use additional sheets if necessary. You may also attach any supporting documentation in the form of a Word document, PDF, or photocopied image.

SECTION 4 – RESOLUTION ATTEMPTED BY COMPLAINANT

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 most recently contacted:	Person's telephone number
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List any other agencies or organizations you have contacted to attempt to resolve this particular complaint and the outcome:

SECTION 5 – DISCLAIMER AND SIGNATURE

- 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 signing 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 signing 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.

Signature of Complainant or Authorized Agent	Date
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If you are completing this form electronically and are unable to provide a signature please check this box: