



VETERINARY COUNCIL OF IRELAND
COMHAIRLE TRÉIDLIANNA na hÉIREANN

53 Lansdowne Road, Ballsbridge Dublin 4 D04 NY29
Telephone: 01 6684402 Facsimile: 01 6604373
e-mail: info@vci.ie Website: www.vci.ie

APPLICATION FOR AN INQUIRY

The Veterinary Council of Ireland is the statutory regulator of the veterinary profession in Ireland. The Veterinary Council of Ireland regulates the profession and the practice of veterinary medicine in the public interest and in the interest of animal welfare.

COMPLAINT FORM

This form will assist you in making a complaint about a veterinary practitioner and/or veterinary nurse registered with the Veterinary Council of Ireland (“a registered person”). Please provide as much information as possible as this will assist the Veterinary Council of Ireland in handling your complaint. For further information on the complaints process, please visit <http://www.vci.ie/Complaints-Procedures>

A copy of this form and any supporting material will be sent to the registered person(s) named. They will be given an opportunity to provide comments and observations in relation to your complaint.

In order to complete this form, you will need the following information:

- Your details and those of any animal involved.
- Details of the registered person(s) you wish to raise a complaint about.
- Details and the date of the incident you are concerned about.
- Supporting documentation, if available.

When completing this form please ensure that you

1. Type or write clearly, in black ink Your application for inquiry will be scanned and/or photocopied.
2. Sign the form Your signature is required for your application for inquiry to proceed.

Please send your complaints form and any supporting documentation by:-

- Email: info@vci.ie, or
- Post: Complaints Officer, Veterinary Council of Ireland, 53 Lansdowne Road, Ballsbridge, Dublin 4.

YOUR DETAILS

Title	
Full Name	
Address	
E mail Address	
Telephone	Work:
	Home:
	Mobile:

ANIMAL'S DETAILS

Are you the owner of the animal?	Yes	No (if no, who is the owner?)		
What is the animal's name?				
Species	Dog	Cat	Horse	Other (Specify)
Breed				
Age				
Gender	Male		Female	
Is the animal still alive?	Yes		No	
If no, was the animal euthanased (put to sleep)?	Yes		No	

DETAILS OF THE REGISTERED PERSON(S) YOU ARE COMPLAINING ABOUT

Name of registered person you are complaining about?		Office Use Only REG No
Veterinary Practice name		
Veterinary Practice address		
Veterinary Practice telephone		

If you want to raise a complaint about more than one registered person, please list them below:

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WHEN DID THE INCIDENT OCCUR?

Please give the date(s) of the incident? If you are unsure, please estimate.

INCIDENT DETAILS

Please describe your complaint as fully as possible. Explain exactly what happened, where it happened and when it happened (please use dates if possible). If you are complaining about more than one registered person, please clearly explain how each one was involved.

If you are completing this form by hand please write clearly and if possible please use block capitals. Alternatively, please provide details of your complaint on a separate typed sheet and attach it to this form.

WITNESSES?

Please provide the names (and addresses if possible) of anyone who witnessed the incidents you have described above, and explain what you think they may have seen or heard.

SUPPORTING DOCUMENTS

If you have any documents, such as letters or clinical records that you think might support your complaint, please enclose copies and list them here. If you ask us to, we will return any documents you send to us once we have copied them.

IF THERE IS AN ANIMAL INVOLVED, WAS THE ANIMAL SEEN BY ANOTHER REGISTERED PERSON(S) AT THE SAME PRACTICE?

Was the animal seen by another registered person at the practice	Yes	No
Name of registered person(s)		
When did you make this visit?		
If yes, what was the other registered person's involvement?		

ATTEMPTS TO RESOLVE YOUR CONCERNS

Have you discussed the matters referred to in your complaint with anyone from the veterinary practice and/or the registered person(s)?	Yes	No
If yes , with whom did you discuss the incident and what happened?		
If no , please explain why not		

OTHER VETERINARY PRACTICES INVOLVED

Did you go to another registered person(s)?		Yes	No
Name			
Practice			
Address			
If yes , What happened?			
Please attach copies of all correspondence with the registered person or practice and any copies of clinical records in your possession.			

DECLARATION

I declare that all the information I have given on this form is accurate and true to the best of my knowledge.

I understand that the Veterinary Council of Ireland will tell the registered person named in this form and any other person whom it considers appropriate about my complaint and can send them a copy of this form and all supporting material I provide.

I understand that the Veterinary Council of Ireland will process any personal data contained within this complaint and in any material received in the course of the complaint process in line with the Data Protection Statement of the Veterinary Council of Ireland.

Signed: Date:

(Your application is not valid unless signed by you.)

For further information on how we handle applications for inquiry, please visit <http://www.vci.ie/Complaints-Procedures>