



South Carolina
Department of Labor, Licensing and Regulation



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Nikki Haley
Governor

Board of Veterinary Medical Examiners

Board of Veterinary Medical Examiners

Catherine B. Templeton
Director

Complaint Form

Please type or print legibly.

Complainant Information
(Individual filing complaint)

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip: _____

Daytime Phone: () - _____ Fax: () - _____

Evening Phone: () - _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail: _____

Respondent Information
(Individual the complaint is filed against)

Board or Profession: _____

Name _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip: _____

Business Phone: () - _____

Please list all witnesses, providing names, address, and telephone numbers:

