



Equine Dental Providers of America

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Grievance Form

Please fill this form completely and legibly. Provide as much detail as possible and list events in chronological order with dates and times noted where appropriate. Include any photographs, charts or evidence with proper identification with this form. A copy of the complaint may be provided to the equine dental provider or veterinarian involved in this complaint. You may also be called by the Grievance Committee to answer further questions.

The EDPA Grievance Committee has 10 days upon receipt of any grievance form to determine need for further action. If further action is decided, the person/s grieved must be notified by certified mail and email of the grievance. The person/s then has 10 days to explain/defend complaint to the committee. A recommendation by the Grievance Committee must be to the EDPA Board of Directors within 30 days of receipt of grievance. If an extension is required, approval must be given by the Board of Directors. The Board of Directors will decide on action to be taken in accordance with the Bylaws of the EDPA.

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Name of EDPA Member you are complaining about:

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

The statements contained on this form and any attachments are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Nature of Complaint:

Clearly indicate the nature of your complaint and enclose copies of any records or reports from any other source(s) which will support your statement. Please attach additional sheets if necessary.

