

PLEASE TYPE OR PRINT



TEXAS STATE BOARD OF PHARMACY

William P. Hobby Building, Suite 3-600
333 Guadalupe Street, Box 21
Austin, Texas 78701-3942
(512) 305-8000

COMPLAINT REPORT FORM

PERSON MAKING THE COMPLAINT	COMPLAINT REGISTERED AGAINST
Your Name _____	Name of Individual _____
Address _____	Name of Business _____
City _____ State _____ Zip _____	Address _____
Home Phone _____	City _____ State _____ Zip _____
Work Phone _____	Business Phone (<i>if known</i>) _____

DETAILS OF THE COMPLAINT

(1) **Please describe your complaint in detail:** include **facts, dates, and names of persons** involved; attach **copies** of receipts, bills, and correspondence. If your complaint relates to a prescription, please provide all of the information that is on the **prescription label** (if you wish, you may send a photocopy of the label or you may duplicate the label in the space provided on the other side of this page). If your complaint caused you to seek medical treatment, please submit supporting documentation (e.g., copies of medical records, test/lab results). Please use additional sheets if necessary.

PLEASE TYPE OR PRINT

If your complaint is about a prescription, please attach a copy of the receipt and/or prescription label, if possible. In the alternative, copy the information printed on the label, as indicated in the spaces below.

Rx#	_____
Date	_____
Patient Name	_____
Doctor's Name	_____
Drug Name & Strength	_____
Directions for use	_____
Quantity	_____
# of Refills	_____

Please do not dispose of or destroy any evidence pertaining to your complaint until you are contacted by a Board agent.

(2) Have you contacted the business or individual about your complaint?
 NO YES If yes, give date: _____
If yes, what was their response? _____

(3) Have you filed a complaint regarding this matter with another agency?
 NO YES If yes, which agency? _____
If yes, what action was taken by the agency? _____

I, _____, authorize the Texas State Board of Pharmacy to disclose my identity, as the person who filed the complaint, to the subject(s) of my complaint, and other persons during the course of the agency's investigation and/or prosecution of my complaint.

The above statements are true and accurate to the best of my knowledge. I understand that the above statements may be used in all phases of the TSBP's investigations and administrative hearings.

Your Signature

Today's Date

Date of Birth

Driver's License Number (State)

PLEASE MAIL TO:
TEXAS STATE BOARD OF PHARMACY
William P. Hobby Building, Suite 3-600
333 Guadalupe Street, Box 21
Austin, Texas 78701-3942