



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Have you discussed this matter with the pharmacist?  Yes  No  
Name of person contacted: \_\_\_\_\_ Date of contact: \_\_\_\_\_  
How?  By phone  By letter  In person  
Result of contact: \_\_\_\_\_

**Further information (complete only if applicable)**

Prescribing doctor name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Medication prescribed: \_\_\_\_\_ Prescription number: \_\_\_\_\_  
Medication received: \_\_\_\_\_

**The Prescription**

- Was for a new medication  Was a refill  
 Was a new prescription for a medication that had been taken or used previously

Was there any harm to the patient?  Yes  No Patient birthdate: \_\_\_\_\_  
Brief description: \_\_\_\_\_

Did the pharmacist consult with you regarding your medication at the time it was dispensed?  Yes  No  
Was any of the medication taken or used?  Yes  No  
Do you still have the medication/receipt?  Yes  No  
Do you still have the container/label/receipt?  Yes  No  
Are you the patient?  Yes  No If no, what is the patient's name? \_\_\_\_\_  
What is your relationship to the patient? \_\_\_\_\_  
Are you the legal guardian of the patient?  Yes  No

**IF YOU HAVE THE MEDICATION AND/OR CONTAINER, PLEASE RETAIN THEM UNTIL FURTHER NOTIFIED BY A BOARD INSPECTOR.**

**IF APPLICABLE, PLEASE ATTACH TO THIS FORM COPIES OF ANY PAPERS INVOLVED (prescription, bills/invoices received, canceled checks, correspondence, etc.). DO NOT SEND ORIGINALS.**

\_\_\_\_\_  
Signature Date

**PLEASE COMPLETE THE ATTACHED MEDICAL RELEASE FORM AND RETURN WITH THE CONSUMER COMPLAINT FORM.**

## **INFORMATION COLLECTION, ACCESS AND DISCLOSURE**

The information you provide on this complaint form is maintained by the Executive Office of the Board of Pharmacy, 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. The information is requested pursuant to Business and Professions Code Sections 325 and 326.

Submission of all information requested is voluntary. However, please be aware omission of any information may result in your complaint being rejected as incomplete.

Your completed complaint form becomes the property of the Board and will be used by authorized personnel as appropriate. Information concerning your complaint may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Board unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

