Reset Form

Information may be typed in before printing. Use the Tab key to move between fields. Click the Reset button to clear the form. Use the Back button on your browser to return to the web page.

OKLAHOMA STATE BOARD OF PHARMACY
4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105-3
Phone: 405-521-3815 / Fax: 405-521-3758
e-mail: pharmacy@pharmacy.ok.gov / www.pharmacy.o

COMPLAINT

Person making complaint:	**Date:**
Home Address:	**Home phone:**
	Work phone:
Person involved in complaint (if different than person making complaint):	

Name of patient:	**Drug name/strength:**	**Drug amount:**
Prescription #:		**Date of fill or refill:**
Doctor's name:		**Doctor's phone:**

Name of pharmacist (if known):	
Name of pharmacy:	**Pharmacy phone:**
Pharmacy address:	

Please explain complaint (attach separate sheet if necessary):

I swear or affirm that all information contained on and with this form is true and correct to the best of my knowledge.

Signature: **Date:**

IMPORTANT: Please submit any applicable evidence such as vials, medications, receipts, etc. with this complaint.