Information may be typed in before printing. Use the Tab key to move between fields. Click the Reset button to clear the form.

OKLAHOMA STATE BOARD OF PHARMACY
2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105
Phone: 405-521-3815 / Fax: 405-521-3758
e-mail: pharmacy@pharmacy.ok.gov / www.pharmacy.ok.gov

Reset Form

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.