KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300 125 Holmes Street Frankfort KY 40601 Phone (502) 564-7910 Fax (502) 696-3806

e-mail: pharmacy.board@ky.gov http://pharmacy.ky.gov

COMPLAINT

Person Making Complaint:		Date:
Home Address:		Home Phone:
		Work Phone:
Person involved in complain making complaint):	t (if different than person	
Name of Patient:	Drug name/strength:	Drug amount:
Prescription #:	I	Date of fill or refill:
Doctor's name:		Doctor's phone:
Name of pharmacist (if know	wn):	
Name of pharmacy:		Pharmacy phone:
Pharmacy address:		
Please explain complaint (a	ttach separate sheet if necessary):	
Signature:		Date: