## **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: <u>pharmacy.board@ky.gov</u> <u>http://pharmacy.ky.gov</u>

## **GRIEVANCE**

Person Making Grievance:		Date:
Home Address:		Home Phone:
		Work Phone:
Person involved in grievance making grievance):	e (if different than person	
Name of Patient:	Drug name/strength:	Drug amount:
Prescription #:		Date of fill or refill:
Doctor's name:		Doctor's phone:
Name of pharmacist (if kno	own):	
Name of pharmacy:		Pharmacy phone:
Pharmacy address:		I
Please explain grievance (a	ttach separate sheet if necessary):	
Signature:		Date: