

OKLAHOMA STATE BOARD OF PHARMACY 2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105 Phone: 405-521-3815 / Fax: 405-900-8365 E-mail: Pharmacy@pharmacy.ok.gov Web Address: www.pharmacy.ok.gov

COMPLAINT

Person making complaint:	Date:
Home Address:	Home phone:
	Email Address:
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 best of my knowledge.	on and with this form is true and correct to the
Signature:	Date:

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