

OKLAHOMA STATE BOARD OF PHARMACY

2920 N Lincoln Blvd, Ste A, Oklahoma City, OK 73105

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E-mail: Pharmacy@pharmacy.ok.gov Web Address: www.pharmacy.ok.gov

COMPLAINI			
Person making complaint:		Date:	
Home Address:		Home phone:	
1		Email Address:	
Person involved in complaint (if different than person making complaint):			
Name of patient:	Drug name/strength:		Drug amount:
Prescription #:	Patient Date of Birth:		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.