

**North Carolina Board of Pharmacy
Investigations and Inspections**



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Chapel Hill, North Carolina 27517

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www.ncbop.org

COMPLAINT FORM

Person Making Complaint:	<input type="text"/>	Date:	<input type="text"/>					
Home Address:	<input type="text"/>		Home Phone:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	Work Phone:	<input type="text"/>	
Person involved in complaint (if different from person making complaint):								<input type="text"/>

Patient Name:	<input type="text"/>	Drug Name/Strength PRESCRIBED:	<input type="text"/>								
Patient Date of Birth:	<input type="text"/>	Drug Name/Strength RECEIVED:	<input type="text"/>								
Prescription Number:	<input type="text"/>	Date filled:	<input type="text"/>	Qty. on label:	<input type="text"/>						
Prescribed Directions:						<input type="text"/>					
Labeled Directions:						<input type="text"/>					
Did patient consume the medication?						<input type="radio"/> Yes	<input type="radio"/> No	Was there any harm to the patient?		<input type="radio"/> Yes	<input type="radio"/> No
Prescribing Physician:	<input type="text"/>			Physician's Phone:	<input type="text"/>						
Name of Pharmacist (if known):	<input type="text"/>			Name of Pharmacy:	<input type="text"/>						
Pharmacy Address:	<input type="text"/>			Pharmacy Phone:	<input type="text"/>						
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	Was a Technician Involved?		<input type="radio"/> Yes	<input type="radio"/> No		
						If yes, provide Technician's name:		<input type="text"/>			

Please provide a brief summary of your complaint here (max 1500 characters*):

*IF ADDITIONAL SPACE IS NEEDED, PLEASE SEND AN EMAIL WITH YOUR COMPLAINT SUMMARY TO complaints@ncbop.org. PLEASE BE SURE TO INCLUDE YOUR NAME IN THE EMAIL.

I swear or affirm that all information contained on and with this form is true and correct to the best of my knowledge.

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

When complete, please click the "Submit by Email" button in the top right corner of this page. Someone from the NC Board of Pharmacy will be in touch with you soon.