



ALABAMA STATE BOARD OF PHARMACY
111 Village Street
Birmingham, AL 35242
205-981-2280

COMPLAINT FORM

COMPLAINT FILED AGAINST:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Pharmacist/Technician/Intern whom complaint is against: _____

COMPLAINT FILED BY:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Business: _____ Cell: _____

Email: _____

COMPLAINT DETAILS: (Provide a chronological statement of your complaint, including dates, use additional pages if necessary)

WITNESSES: (List names, addresses and telephone numbers of witnesses, including other professionals, and police agency if contacted.)

I attest that all statements made by me related to this complaint are true to the best of my knowledge and belief. I understand that I may be called as a witness to testify in any proceedings that may result from this complaint.

Printed Name

Signature

Date

Mail this complaint form and additional documentation to:

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