

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Complaint Form

Rev (09/26/2023)

Note: The Board DOES NOT have jurisdiction over complaints involving rudeness, customer service, pricing, or billing disputes.

Section 1: Complainant (YOUR) Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Email: _____

Section 2: Input the PATIENT's Information

Patient's Name: _____ Patient's Date of Birth: _____

Patient's Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section 2: Input Prescription Information IF Relevant to the Complaint

Prescription (RX) Number: _____ Drug Name: _____

Prescription (RX) Number: _____ Drug Name: _____

Prescription (RX) Number: _____ Drug Name: _____

Section 3: Input the PRACTITIONER's Information IF Relevant to the Complaint

Practitioner's Name: _____ License # (if applicable): _____

Practice Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Section 4: Input the PHARMACY's or the COMPANY's Information IF Relevant to the Complaint

Pharmacy/Company Name: _____ License # (if applicable): _____

Pharmacy/Company Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Name(s) of the Pharmacist/Technicians/Individuals of the Pharmacy or Company relevant to the complaint:

STATEMENT OF COMPLAINT: Type or neatly print your complaint below. Be as concise as possible. Use a separate sheet of paper if necessary. Make copies and attach any documents you have which support your allegation(s).

Date the events occurred: _____

Provide your narrative below:

Please understand that by signing and submitting this form to the Board of Pharmacy, you are authorizing and allowing this Board's staff to access your medical history and records, including pharmacy records, as needed to investigate your complaint. If you would like to limit what the Board's staff can review, you must inform us of those limitations in writing.

Print Name (First, Last)

Original Signature

Date