



Louisiana Board of Pharmacy

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Baton Rouge, Louisiana 70809-1700

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Email: info@pharmacy.la.gov



Complaint Form

Complainant Information:

Date Full Name of Individual Filing Complaint (Please Print)

Address: _____
Street Apt. #

City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ @ _____

Subject of Complaint:

Full Name of Person/Entity against Whom You are Filing Complaint (Please Print)

Subject's Address: _____
Street

City State Zip

Subject's Phone: _____ Date of Incident/Transaction: _____

Location Of Incident/Transaction: _____

Have You Contacted the Subject? Yes: _____ No: _____

Description of incident about which you are filing this complaint (Should you require additional space to properly explain this matter, please attach additional documentation as needed):

Signature of Individual Filing Complaint

Please Note: The Louisiana Board of Pharmacy may only act on matters that fall within its jurisdiction as granted by the Louisiana Legislature. If we determine your complaint refers to matters beyond our jurisdiction, we may refer you or your complaint to another agency. Finally, the subject of this complaint is authorized to request a copy of this complaint form.