



# Louisiana Board of Pharmacy

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## 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.***