



# Louisiana Board of Pharmacy

3388 Brentwood Drive  
Baton Rouge, Louisiana 70809-1700  
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## Complaint Form

### Complainant Information:

Name of person filing complaint: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Subject of Complaint:

Full name of person or entity against whom you are filing complaint:

\_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of incident: \_\_\_\_\_

Location(s) of incident: \_\_\_\_\_

Have you contacted the subject about this issue?  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 person filing complaint

\_\_\_\_\_  
Date (MM/DD/YYYY)

**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 and obtain a copy of this complaint.*