



WEST VIRGINIA BOARD OF PHARMACY

2310 Kanawha Blvd. East
Charleston, West Virginia 25311
Phone: (304) 558-0558
Fax: (304) 558-0572

COMPLAINT FORM

1. Complaint Against:

Name or Entity: _____

Address: _____

Telephone number: _____

Employer (if applicable): _____

2. Person Filing the Complaint:

Name: _____

Address: _____

Telephone number: _____

Email Address: _____

Employer (if applicable): _____

Relationship to Patient: _____

3. Patient Information (if different than Complainant):

Name: _____

Date of Birth: _____

Address: _____

6. **It is the duty of the West Virginia Board of Pharmacy (“Board”) to protect the public health, safety, and welfare by the effective regulation of the practice of pharmacy; the licensure of pharmacists; and the licensure and regulation of all sites or persons who distribute, manufacture, or sell drugs or devices used in the dispensing and administration of drugs or devices within the State of West Virginia. The Board may discipline any licensee for violations of the law or applicable Legislative Rules. The Board has no jurisdiction over business disputes, billing disputes, insurance coverage, personality conflicts, scheduling issues, or employee/employer disputes.**

7. **To ensure procedural due process, a copy of this Complaint Form will be provided to the individual or entity against whom the complaint is filed. Further, once completed and signed, this Complaint Form is a matter of public record.**

I certify that the above information is true to the best of my knowledge. Additionally, I will voluntarily appear and testify to the facts in this complaint if called upon by the West Virginia Board of Pharmacy.

Signature: _____

Date: _____

OFFICE USE ONLY

Complaint Number: _____

Respondent’s License Number: _____

Date Received: _____

Investigator Assigned: _____