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COMPLAINT FORM

PLEASE PRINT OR TYPE ALL INFORMATION
Illegible or incomplete complaints will not be accepted

PUBLIC NOTICE: To ensure due process, a copy of this complaint, in its entirety, will be provided to the individual or entity against whom the complaint is filed. Further, once filed, this Complaint Form and everything attached or included is a matter of public record subject to disclosure without exception.

I. COMPLAINANT'S INFORMATION:

NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____

(City) (State) (Zip Code)

PHONE NUMBERS: DAY _____ EVENING _____

EMAIL: _____

II. PATIENT INFORMATION:

NAME(S) AND DATE(S) OF BIRTH OF PATIENT(S) RELATIVE TO THIS COMPLAINT:

III. **RX# AND NAME OF MEDICATION APPEARING ON THE PRESCRIPTION LABEL(S) RELATIVE TO YOUR COMPLAINT:**

IV. **DATE OF MEDICATION FILLING/DISPENSING PRINTED ON THE PRESCRIPTION LABEL RELATIVE TO YOUR COMPLAINT:**

V. **IDENTIFY THE PERSON AND/OR BUSINESS RELATIVE TO YOUR COMPLAINT(Name(s), Address(es), and Phone number(s)):**

VI. **PLEASE EXPLAIN/DESCRIBE YOUR COMPLAINT IN DETAIL, AND INCLUDE THE NAMES OF INDIVIDUALS AND BUSINESSES INVOLVED:**

(ATTACH ADDITIONAL PAGES AS NECESSARY)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

VII. PLEASE LIST THE REMEDY YOU ARE SEEKING:

VIII. PLEASE INCLUDE COPIES OF DOCUMENTS/EXHIBITS THAT SUPPORT YOUR COMPLAINT (Medication Guidelines, Photos, Letters, Receipts, Etc.):

COPIES PROVIDED (Initial the correct answer): YES _____ /or/ NO _____

PUBLIC NOTICE: *It is the duty of the West Virginia Board of Pharmacy ("Board") to protect the public health, safety, and welfare through 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 laws or applicable Legislative Rules. The Board has no jurisdiction over business disputes, billing disputes, insurance coverage, personality conflicts, scheduling issues, or employee/employer disputes.*

*To ensure due process, a copy of this complaint, in its entirety, will be provided to the individual or entity against whom the complaint is filed. Further, once filed, this Complaint Form and everything attached or included is a matter of public record subject to disclosure without exception. **Note:** Action taken based on this complaint may result in a hearing, which may require your attendance to testify regarding the allegations in this complaint.*

BY SIGNING BELOW, YOU SWEAR OR AFFIRM THAT ALL INFORMATION PROVIDED IN THIS COMPLAINT IS TRUE AND FACTUAL:

COMPLAINANT'S SIGNATURE