

**COMPLAINT
to the
WYOMING STATE BOARD OF PHARMACY**

This form is to be used for all complaints which are in the purview of the Wyoming State Board of Pharmacy. If a complaint cannot be addressed by the Board of Pharmacy, the complainant will be notified. You will be contacted by an Inspector/ Compliance Officer from the Board office within three (3) weeks of submitting your complaint.

COMPLAINT MADE AGAINST:

Fill in all areas which apply, print out, sign, and send to the address given below.

Pharmacy: _____

Pharmacist: _____

Pharmacy Technician: _____

Other: _____ Position/Title: _____

Address: _____ City: _____

Date and time of occurrence: _____

Description of complaint (*use a separate sheet, if necessary*):

COMPLAINT MADE BY:

Name (*please print*): _____

Address: _____ City: _____ Zip: _____

Telephone number(s): Home: _____ Work: _____ Cell: _____

I certify the above information is true to the best of my knowledge; furthermore, I understand that I may be required to provide testimony regarding the above incident in an administrative hearing conducted by the Board of Pharmacy, and by signing this complaint I agree to provide such testimony, if required.

Signature

Date

**Mail or deliver this form to: Wyoming State Board of Pharmacy
1712 Carey Avenue, Suite 200
Cheyenne, WY 82002**

If you have any questions, please contact our office: 307.634.9636; 307.634.6335 (facsimile)