



# Arkansas State Board of Pharmacy

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John Clay Kirtley, Pharm.D., Executive Director



## Complaint Form

### Complainant Information:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Complaint Information Regarding:

Name of Pharmacist/Technician: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Write a detailed statement and attach copies of records, reports, letters, etc., relative to the complaint you are filing. The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes. Additional sheets may be attached if necessary. Please print or type if possible.

Signature of Complainant(s): \_\_\_\_\_