

PHARMACY COUNCIL
(Made under regulation 4(1))



COMPLAINT FORM

To be filled by the complainant and submitted to the Office of the Registrar)

1. Personal Details:

Name:

Address:

Phone number (s):

2. Are you the complainant? Yes [] No []

3. Are you complaining on someone else behalf? Yes [] No []

If 'Yes' what is your relationship to the someone behalf?

Wife [] Husband [] Son [] Daughter [] Sister [] Brother [] etc.

4. Details of the pharmaceutical personnel

Full name of each pharmaceutical personnel you are complaining about

The address of each pharmaceutical personnel work at (if you know) or the address where you were attended.

.....
.....
.....
.....

5. Give details of your complaint Please describe your complaint, and state exactly what happened and, if possible include dates, time and place of incident

.....
.....
.....

6. Do you have any documents (for example, letters or records) which might back up your complaint? If you do, please attach copies and list them below. If needed, we will return all original documents after taking copies.

7. Are there any other people who witnessed the acts you are complaining about? If yes, please give their names below, and how they were involved.

8. Are those people be prepared to make written statements? Yes [] No []

9. We are always try to deal with most complaints through correspondence but, if it becomes necessary, are you prepared to be a witness at an inquiry of your complaint? Yes [] No []

10. Have you complained to any other organization about this matter (example where the pharmaceutical personnel work?). If 'Yes', please say which organization you have lodged your complaint to.

11. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organization.

12. Declaration

I hereby certify that the information I have given in this form is complete and accurate, and I solemnly make this declaration, conscientiously believing the same to be true.

Name: _____

Signature: _____

Date: _____