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**PHARMACY AND POISONS BOARD**

**Complaint Form**

This form should be sent to the Chief Executive Officer, Pharmacy and Poisons Board, Lenana Road.

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| 1. **Complainant/ Reporter details (optional)**
 |
|  | Name of the person/Company/Organization  |  |
|  | Building |  |
|  | Street/Road |  |
|  | Email |  |
|  | Telephone |  |
|  | Date |  |
| 1. **Product Details**
 |
|  | **Product/Device Name** | **Strengths** | **Dosage form** | **Media e.g., Radio,** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Content of the complaint**
 |
|  | Narrative of the complaint |  |
|  | Narrative of the complaint |  |
|  | Where it appeared |  |
|  | When it appeared |  |
|  | Supporting documents  | ***Attach or send copy/image of advertisement or promotion (if applicable****)* |
| 1. **FOR OFFICIAL USE ONLY**
 |
|  | **Complaint Resolved**  | **Yes** | **No** |
|  | If yes, what was the Verdict  |  |
|  | If no, what are the next steps |  |
|  | Complainant Informed? | **Yes** | **No** |
|  | If no, report  |  |
|  |
|  | Prepared By: |  | Date: Sign: |
|  | Checked by Deputy Director |  | Date:Sign: |