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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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | |