

MARYLAND BOARD OF PHARMACY COMPLAINT FORM and INFORMATION

Dear Customer:

Attached is the complaint form used by the Board of Pharmacy to review and respond to consumer complaints. Please complete the form and return it to the address below:

Maryland Board of Pharmacy
Deena Speights-Napata
4201 Patterson Avenue
Baltimore, Maryland 21215

Or you may send the form as an email attachment to:

deena.speights-napata@maryland.gov

As a reminder, complaints concerning the prices of prescriptions should be referred to the Consumer Protection Division, the Office of the Attorney General, located at 200 Saint Paul Place, 16th Floor, Baltimore, Maryland 21202, telephone number 410-528-8662.

You may also file a complaint online. Their web site is:

<http://www.oag.state.md.us/consumer/index.htm>.

We look forward to assisting you with your complaint.

Other important telephone numbers for complaints and consumer protection:

Medicaid Fraud	410-576-6521
Consumer Protection Agency	410-528-8662
Maryland Poison Center	800-222-1222
Pharmacy Assistance Program	800-492-5231
Physicians Board	410-764-4777
Nursing Board	410-585-1900
Dental Board	410-402-8500
Maryland Better Business Bureau	410-347-3990

**Department of Health
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299
410-764-4755**

COMPLAINT FORM

- A. The Board is charged with investigating complaints against any person or firm engaged in the distribution of prescription drugs in Maryland.
- B. If your complaint concerns the provision of pharmacy services by someone who you believe is not duly licensed, this information should also be forwarded to the Board.
- C. Please note that the Board does not have authority to handle or resolve complaints concerning billing, pricing, coverage, reimbursement and similar purely economic matters where the facts do not appear to support a claim of fraud or misrepresentation. However, we do refer such complaints to the Health Education and Advocacy Unit in the Consumer Protection Division of the Attorney General's Office. You will be notified if the Board makes this referral.
- D. Your complaint must be submitted in writing. If you are handicapped and cannot write your complaint, you may make an appointment to give your complaint in person.
- E. Please be as accurate and as complete as possible.
- F. Please allow time for the Board to complete its investigation. All complaints will be carefully reviewed.

1. Name of Complainant: _____

a. Address: _____

a. Home telephone #: _____

b. Business telephone #: _____

c. Email address: _____

2. Name of person preparing this complaint if it differs from above (#1):

a. Address: _____

b. Home Telephone #: _____

c. Business Telephone #: _____

3. Name of the pharmacist(s) involved in the complaint:

a. Name of pharmacy involved in the complaint:

b. Address of the pharmacy involved in the complaint:

4. If your complaint is against a distributor of drugs, please give the following:

a. Name of the firm: _____

b. Address: _____

5. If you have made a complaint to any other government agency, professional association, etc. about this matter, please indicate their names and addresses below:

6. If your complaint involves a prescription drug, please write down all of the information appearing on prescription label or enclose a CLEAR photocopy of the label:

7. Date incident occurred: _____
8. In your own words, clearly state the exact nature of your complaint, including as much detail as necessary to accurately describe the situation. You may use additional pages if needed; please number the pages and sign each sheet at the bottom.

9. Have you discussed your complaint with the pharmacist(s) of firm who is named in the complaint? YES _____ NO _____

10. State the name(s), address(es), and telephone number(s) of any person(s) who witnessed the incident or may otherwise possess additional information about your complaint.

11. State the name of the physician or other authorized prescriber who provided the prescription for the medication involved in your complaint:

a. Prescriber's name: _____

b. Prescriber's address: _____

c. Prescriber's telephone #: _____

12. I HEREBY DECLARE AND AFFIRM UNDER PENALTY OF PERJURY THAT THE MATTERS SET FORTH IN THE FOREGOING COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of Complainant:

Date: _____

Signature of person preparing the complaint, if not the person above:

Date: _____

Revised 9/4/2018, 2/25/2020

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