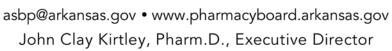


Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201 P: 501.682.0190 F: 501.682.0195





Complaint Form

Complainant Information:	
Name:	
Home Phone:	Work Phone:
Complaint Information Regard	ding:
Name of Pharmacist/Technician: _	
Board does not have jurisdiction ov	h copies of records, reports, letters, etc., relative to the complaint you are filing. The er complaints involving rudeness, customer service and/or pricing/billing disputes. s may be attached if necessary. Please print or type if possible.