

**MINNESOTA BOARD OF PHARMACY**

2829 University Ave. SE #530

Minneapolis, MN 55414-3251

Phone: (651) 201-2825 Fax: (651) 201-2837 E-Mail: Pharmacy.Board@state.mn.us

**COMPLAINT REGISTRATION**

Complainant's Name:

Name of Pharmacy/Pharmacist:

\_\_\_\_\_

\_\_\_\_\_

Address of Complainant:

Address of Pharmacy/Pharmacist:

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code:

City, State, Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Telephone Numbers:

Telephone Number:

Home: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

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I understand that pursuant to Minnesota Data Privacy Act, the information submitted in this form is non-public private information. This information, which I am not legally required to submit, is offered so that the Board may properly and thoroughly evaluate and investigate this complaint, and if necessary, submit this information in any legal proceeding. Recognizing the Board's need to verify and, if necessary, legally pursue this complaint, I authorize the Board, its agents, and/or agents of the Attorney General's Office representing the Board to disclose this information to those whom they reasonably believe have a need to know.

**Statement of Complaint**

(Use additional paper if necessary)

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