



TEXAS STATE BOARD OF PHARMACY
George H.W. Bush Building
1801 Congress Ave
Suite 13.100
Austin, Texas 78701
(512) 305-8000

COMPLAINT PROCESS

How do I file a complaint?

If you have a complaint against a pharmacy, pharmacist, or pharmacy technician, you may complete the attached TSBP Complaint Report Form and submit to the Texas State Board of Pharmacy (TSBP) or you may file the complaint on-line using the TSBP website: www.pharmacy.texas.gov. Anyone may file a complaint, but complaints must be received in writing. **Please note, TSBP does not accept anonymous complaints.** *Failure to include information marked as Required on the complaint form may result in you NOT being listed as the complainant for information submitted to the Board therefore you will not receive status or disposition information regarding the complaint.*

How are complaints resolved?

Each complaint is thoroughly reviewed and evaluated to determine if it involves a person or pharmacy licensed/registered by this Board, and whether the allegations would be a violation of the Texas Pharmacy Act or Texas Drug Laws. If the complaint is not within our jurisdiction, we may close the complaint with no action or refer the complaint to another agency or entity. ***The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes.***

If the complaint is within the jurisdiction of this agency, an investigation will be initiated. An investigator may contact you for additional information about your complaint at the phone number you provided on the form. If you do not have a phone or do not want us to call, we will write to the address that you provided if we need more information.

Many investigations are closed following a telephone call to the pharmacy to discuss the concerns expressed in a complaint. Investigations may also be closed with an education letter which will serve as a written warning to the subject(s) of the complaint. If a complaint results in disciplinary action against the licensee or applicant, the action may range from reprimand (public censure) to revocation (license removed from the pharmacist, pharmacy, or pharmacy technician). The Board does not represent the complainant (person making the complaint) individually and does not seek restitution or money damages on behalf of any individual.

What happens if disciplinary action is initiated?

The licensee is given the opportunity to attend an informal settlement conference. The licensee will be told of the date, time, and place of the conference. The licensee will be informed of the issues to be discussed.

The complainant may attend the conference at his/her own expense if permitted by the Texas Pharmacy Act and Board Rules. Certain informal settlement conferences may be confidential by law. If applicable and permitted by law, the complainant will be notified of the date, time, and place of the conference.

At the informal settlement conference, the licensee is given an opportunity to show compliance with the law. A panel (composed of Board staff and generally two Board Members) proposes a recommendation for settlement of the case, which may include dismissal or a disciplinary sanction. If the panel recommends the imposition of a sanction, and the licensee agrees with the recommendation, a proposed Agreed Board Order (ABO) is presented to the Board Members at their next regularly scheduled meeting. If the Board Members accept the proposed ABO, the order is entered. The complainant may obtain a copy of the order if the order is a public order.

If the licensee does not accept the proposed ABO or if the Board Members reject the proposed ABO, the case will proceed to a public hearing conducted by an Administrative Law Judge (ALJ) employed by the State Office of Administrative Hearings. After the hearing is conducted, the ALJ will prepare a Proposal for Decision (PFD) which contains findings of fact, conclusions of law, and recommended disciplinary action. The PFD will be presented to the Board Members who will then make a decision in the case. The Board's decision may be appealed in accordance with Texas law.

Will I be told of the status and resolution of my complaint?

We will notify you in writing when the complaint is closed unless you inform us that you would prefer not to receive written notification. It is difficult to predict, in advance, the amount of time necessary to process a specific complaint. If your complaint requires a lengthier investigation, you will be notified in writing of the status of the complaint approximately every 120 days until final action is taken, unless the notification would jeopardize an undercover investigation.

PLEASE TYPE OR PRINT



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COMPLAINT REPORT FORM

PERSON MAKING THE COMPLAINT			COMPLAINT REGISTERED AGAINST		
Your First and Last Name (Required)			Name of Individual		
Address (Required)			Name of Business		
City	State	Zip	Address		
(Area Code) Home Phone			City	State	Zip
(Area Code) Alternate Phone			(Area Code) Business Phone (<i>if known</i>)		
Email Address (TSBP will not share this information)			Preferred Method of Initial Notification *		
			<input type="checkbox"/> USPS Mail <input type="checkbox"/> Email		
Complainant's Relationship to Patient			Patient's Date of Birth		

*By choosing email, you consent to receive notification of receipt of your complaint via the email address provided above. You understand that you are responsible for the security of this information. Email correspondence from the Texas State Board of Pharmacy may be filtered by your email server.

DETAILS OF THE COMPLAINT

(1) Please describe your complaint in detail: include facts, dates, and names of persons involved; attach copies of receipts, bills, and correspondence. If your complaint caused you to seek medical treatment, please submit supporting documentation (e.g., copies of medical records, test/lab results). Please use additional sheets if necessary.

PLEASE TYPE OR PRINT

If your complaint is about a prescription, please attach a copy of the receipt and/or prescription label, if possible. Alternatively, you may copy the information printed on the label, as indicated in the spaces below.

Rx #	
Date	
Patient's Name	
Doctor's Name	
Drug Name & Strength	
Directions for Use	
Quantity	
# of Refills	

(2) Have you contacted the business or individual about your complaint?

No Yes If yes, give the date: _____

If yes, what was the response?

(3) Have you filed a complaint regarding this matter with another agency?

No Yes If yes, which agency? _____

If yes, what action was taken by the agency?

Your Signature

Today's Date

PLEASE MAIL TO:

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