



TEXAS STATE BOARD OF PHARMACY
William P. Hobby Building
333 Guadalupe Street, Suite 3-500
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, however, that TSBP does not accept anonymous complaints. **Therefore, in order for the Board to investigate your complaint, you must provide your full name and address on the complaint form. Please keep all evidence (e.g., prescription bottle, receipts) in your possession until you are contacted by a TSBP investigator.**

How are complaints resolved?

Each complaint is thoroughly reviewed and evaluated, first to determine if the complaint (allegations) involves a person or a pharmacy licensed by this Board, and secondly, whether the allegations, if true, 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, the complaint may be referred to an investigator. An investigator may contact you for additional information about your complaint, so please provide your phone number when you fill out the complaint form. If you do not have a phone or do not want us to call, we will write to the address that you have provided, if we need more information.

Many complaints are closed following a telephone call to the pharmacy to discuss the concerns expressed in your complaint. Complaints may also be closed with a dismissal letter which will serve as a written warning to the subject(s) of your complaint. If a complaint results in disciplinary action being taken against the licensee or applicant, the action may range from reprimand (public censure) to revocation (license is taken away 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 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 more lengthy 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



TEXAS STATE BOARD OF PHARMACY
 William P. Hobby Building, Suite 3-500
 333 Guadalupe Street
 Austin, Texas 78701
 (512) 305-8000

COMPLAINT REPORT FORM

PERSON MAKING THE COMPLAINT

COMPLAINT REGISTERED AGAINST

Your Name (Required)			Name of Individual		
<input type="checkbox"/> <i>Mr.</i> <input type="checkbox"/> <i>Ms.</i> <input type="checkbox"/> <i>Other</i>			<input type="checkbox"/> <i>Mr.</i> <input type="checkbox"/> <i>Ms.</i> <input type="checkbox"/> <i>Other</i>		
Address (Required)			Name of Business		
City	State	Zip	Address		
(Area Code) Home Phone			City	State	Zip
(Area Code) Work Phone			(Area Code) Business Phone (if known)		
Email Address					

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 relates to a prescription, please provide all of the information that is on the **prescription label** (if you wish, you may send a photocopy of the label or you may duplicate the label in the space provided on the other side of this page). 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. *The Board does not have jurisdiction over complaints involving rudeness, customer service and/or pricing/billing disputes. In addition, the Board of Pharmacy does not accept anonymous complaints. Therefore, in order for the Board to investigate your complaint, you must provide your full name and address on this complaint form.* Please keep all evidence (e.g., prescription bottle, receipts) in your possession until you are contacted by a TSBP investigator.

PLEASE TYPE OR PRINT

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

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

Please do not dispose of or destroy any evidence pertaining to your complaint until you are contacted by a Board agent.

Patient's Date of Birth: _____ Patient's Weight (if 12 yrs. old or younger): _____

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

NO YES If yes, give date: _____

If yes, what was their 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? _____

The Board is required to protect the identity of any person who files a complaint against a pharmacist and/or pharmacy. However, in order to effectively process the allegations you have made, the Board requests that you sign the following waiver of confidentiality. If you choose not to sign the waiver, the Board may not be able to resolve your complaint.

I, _____, authorize the Texas State Board of Pharmacy to disclose my identity, as the person who filed the complaint, to the subject(s) of my complaint, and other persons during the course of the agency's investigation and/or prosecution of my complaint.

The above statements are true and accurate to the best of my knowledge. I understand that the above statements may be used in all phases of the TSBP's investigations and administrative hearings.

Your Signature

Today's Date

Date of Birth

Driver's License Number and State

PLEASE MAIL TO:

TEXAS STATE BOARD OF PHARMACY
William P. Hobby Building, Suite 3-500
333 Guadalupe Street
Austin, Texas 78701