

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PHARMACY

7 Eagle Square
Concord, NH 03301
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy



Administrative Complaints

Purpose:

The purpose of the licensing system is to protect the public against:

1. Dishonest or unethical practitioners;
2. Practitioners who have fallen below minimum standards of competence in the practice of their profession; and/or
3. Dispensing System that may be prone to error.

Licensees or registrants may be subject to disciplinary action that can range from a formal warning to revocation of license, registration or permit. Disciplinary action is handled by the Board of Pharmacy (" Board") in response to a complaint received from a member of the public, another health care provider, or as a result of observations of the Board's compliance officers.

Filing a Complaint:

To file a complaint against a licensee, registrant, or permit holder, contact the Board, at the address listed above, and request a complaint form. Complete the form, sign it and mail it back to the board office, "ATTN: Compliance.

License Status of Person Complained Against:

The Board can only act against a person who is actually licensed, registered by, or who seeks to be licensed or registered by the board. If the person complained against does not hold and has not applied for a license or registration, the Board has no administrative authority to consider the complaint itself. If the complaint alleges a violation of the Board's

statutes or rules, the Board may investigate the matter for possible referral to the NH Attorney General or local prosecutor for civil action or criminal prosecution. If the person complained against is indeed licensed or registered by the board, the complaint is assigned a complaint number and assigned to a Compliance Investigator.

Who is a "Compliance Investigator". A Compliance Investigator is a member of the board staff. Part of his/her duties is to investigate complaints. After investigating the complaint, the Compliance Investigator submits a report to the Chief Compliance Investigator who reviews the complaint and the report. Upon completion of the review, he presents the matter to the Board for it to decide how the matter should be handled. If the Board decides to proceed with a formal hearing, the Chief Compliance Investigator assists the Administrative Prosecution's Unit of the Attorney General's Office in presenting the case to the Board. The Chief Compliance Investigator does not participate in the Board's deliberations or vote in any manner.

Notice to Complainant:

The Compliance Investigator sends the complainant a written acknowledgement of the complaint.

Notice to Licensee:

The Chief Compliance Investigator "may" ¹ immediately forward a copy of the complaint to the licensee, registrant or permit holder, along with notification that the licensee is under investigation. If so, the licensee, registrant or permit holder shall be asked to respond to the complaint.

Additional Investigation:

The Board employs compliance investigators, who report to the Chief Compliance Investigator. On occasion, federal and state law enforcement officials may work with the Board's investigators, depending upon the nature of the complaint. Any of these investigators may personally contact the complainant and/or the licensee, registrant or permit holder, as part of an expanded investigation.

Presentation to the Board:

The complaint will be presented to the Board when the investigation is complete. How quickly the presentation is made depends on the complexity of the investigation, the Board's overall workload, the number of other pending investigations, and the frequency with which the Board meets.

Confidentiality:

All complaints, information regarding the complaint, and investigative records are confidential during the pendency of an investigation. If the Board initiates a formal adjudicatory proceeding, some or all of the information collected during the investigation may become public.

Penalties:

The Board may impose sanctions against a licensee, registrant or permit holder including those listed below. The penalties may be subject to limitations set out in the governing law:

1. Issue a reprimand to a licensee , registrant or permit holder
2. Suspend or revoke a license, registration or permit
3. Impose a civil fine
4. Impose conditions of probation upon a licensee, registrant or permit holder

¹ This action depends upon the “nature” of the complaint. It may not be in the best interest of the Board to notify the licensee prior to initiation of the investigation.

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PHARMACY

7 Eagle Square
Concord, NH 03301
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy



COMPLAINT COVER SHEET

Enclosed is a complaint form, a brief outline of the administrative complaint procedures, and if applicable, a release of information.

In the event that you need to be contacted regarding your complaint, please provide the following information and return this page with your complaint form.

PLEASE NOTE

This complaint cannot go forward unless the enclosed medical release form is signed, dated, witnessed and returned with the complaint.

COMPLAINANT INFORMATION:

Please PRINT

Your Name: _____

Your Complete Mailing Address:

Daytime Telephone Number: () _____

Evening Telephone Number: () _____

FOR OFFICE USE ONLY:

File Number: _____

Date Assigned: _____

Investigator: _____ **Acknowledgement Sent:** _____

Date Investigation Complete: _____

Resolution:

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF PHARMACY

7 Eagle Square
Concord, NH 03301
Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy



PHARMACY/PHARMACIST COMPLAINT FORM

PLEASE PRINT:

Today's Date: _____ Your Name (Complainant): _____

Your SIGNATURE: _____

Pharmacy Name: _____

Pharmacy Address _____

Name of Pharmacist **: _____

Date of incident: _____

Prescription number(s) of prescription(s) involved in this complaint:

Patients Name: _____

Relationship to complainant: _____ (self, husband, wife etc.)

Was this a NEW [] or REFILL [] prescription order?

Was the "offer to counsel" given? Yes [] No []

Was counseling GIVEN [] or REFUSED []

**If "unknown" please look at the prescription bottle and record the initials of the dispensing pharmacist, which are printed on the label.

Did this involve any other pharmacy personnel other than the pharmacist on duty?
Yes [] No []

If "yes" individual(s) name AND title (clerk, technician, store manager etc.)

Have you contacted the pharmacy regarding this incident?
Yes [] No []

If "yes" to whom did you speak (name & title, if possible)?

Have you spoken with anyone at the corporate level (supervisor, company main office etc.)?
Yes [] No []

If "yes", to who did you speak (name & title, if known)?

Please PRINT (or attach a typewritten statement)

Clearly explain your complaint. It is important to list the facts and details in the order in which they occurred, including names, dates, places and times. Include "copies" of any documents, which support your complaint. If you require more space, include extra sheets. Return this form, the "cover sheet", along with documentation, to the address at the top of page 1 of this form. **ATTN: COMPLIANCE**. (please sign and date the bottom of each page used.)

Signed: _____ Date: _____

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

BOARD OF PHARMACY

7 Eagle Square
Concord, NH 03301

Phone 603-271-2350 • Fax 603-271-2856
www.oplc.nh.gov/pharmacy



Health Insurance Portability and Accountability Act ("HIPPA")

RELEASE OF MEDICAL INFORMATION FORM

I _____ hereby grant authority to agents of the New Hampshire Board of Pharmacy to access my pharmacy, medical, hospital, and insurance records for the purpose of investigating the complaint I have filed with the Board of Pharmacy office on (date) _____.

Signed: _____ Date: _____

Witness: _____ Date: _____
(Signature)

Witness: _____
(Print Name)