

COMPLAINT FORM

The Pharmaceutical Society of Ireland (PSI) was established under the Pharmacy Act 2007 as the pharmacy regulator. The PSI acts in the interests of patient safety and public protection to regulate the pharmacy profession.

1. ABOUT THIS FORM

This form has been designed to assist anyone making a complaint against a pharmacist or a retail pharmacy business registered with the PSI. The information provided on this form will assist the PSI in handling your complaint. For further information on the complaints process please read the Guide to Making a Complaint. This is available on the PSI's website at <http://www.thePSI.ie/>

A copy of this form and any attachments will be provided to the person complained about, so that they are given a chance to make comments should they wish to do so.

2. YOUR DETAILS

Name	
Address	
Day-time contact no.	
Email address	

3. DETAILS OF THE PHARMACIST/PHARMACY THAT YOU WISH TO COMPLAIN ABOUT:

The more information you can give us, the easier it will be for us to deal with your complaint quickly.

It is essential that we have the full name of the pharmacist or pharmacy being complained about in order to pursue the matter.

Name of pharmacist	
Name of pharmacy	

Address of pharmacy	
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4. DETAILS OF THE INCIDENT OR EVENT THAT YOU WISH TO COMPLAIN ABOUT

Date of incident/event	
Time of incident/event	
Place incident/event occurred:	
Details of the matter complained of: (Use a separate sheet of paper if necessary)	

Relevant documentation attached? Yes ☐ No ☐

The Council of the PSI will refer your complaint to a screening committee called the Preliminary Proceedings Committee (PPC) as soon as practicable to consider whether there is sufficient cause to warrant further action being taken.

The PPC may:

- (a) require you to verify¹ anything contained in the complaint,
- (b) require you to give² more information relating to the matter raised by the complaint,
- (c) require the registered pharmacist or pharmacy owner to give such information in relation to the complaint as the PPC specifies.

¹ By affidavit or otherwise

² By statutory declaration or otherwise

5. NEXT STEPS

1. Please sign and date this form, and return it to:

The Complaints Officer

Council of the Pharmaceutical Society of Ireland
PSI House
Fenian Street
Dublin 2

2. The PSI will send you a formal acknowledgement of your complaint within 5 working days of receiving your complaint.
3. The complaint shall be shown to the individual/organisation that you are complaining about and s/he will be asked for comments. You may be shown these comments and asked to give your views on them.
4. Your complaint will then be sent to the PPC.

I consent to:

1. **this complaint being treated by the PPC as a complaint against any registered pharmacist or registered retail pharmacy business (pharmacy) as may be identified in the course of the PPC'S consideration of the complaint; and**
2. **a complete copy of this form being furnished to any such registered pharmacist or retail pharmacy business (pharmacy).**

Signed _____ **Date** _____