**MISSISSIPPI BOARD OF PHARMACY**

6360 Interstate 55 North, Suite 400  
Jackson, Mississippi 39201  
Office 601-899-8880  
Fax 601-899-8904  
sparker@mbp.ms.gov

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**ALL SPACES APPLICABLE MUST BE COMPLETED.**

**FOR OFFICE USE ONLY:**

- Complaint #: __________
- Date Received: ____/___/____
- Time: __:__
- Received by: _________________

- Received Via:  
  - ( ) Fax  
  - ( ) Mail  
  - ( ) Visit to the Board  
  - ( ) Telephone  
  - ( ) Other

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**PBM PATIENT / PHARMACIST COMPLAINT FORM**

**PATIENT INFORMATION**

- Name of Complainant: __________
- Relationship to Patient: __________
- Name of Patient: __________
- Patient ID#: __________
- Patient Date of Birth: __________
- Address: __________
  - City: __________
  - State: __________
  - Zip Code: __________
- E-Mail Address: __________
- Phone Number: __________
  - Cell Phone Number: __________
  - SIGNATURE: __________

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**PHARMACY INFORMATION**

- Pharmacy Name: __________
- License #: __________
- Pharmacist’s Name: __________
- License #: __________
- Address: __________
  - City: __________
  - State: __________
  - Zip Code: __________
- E-Mail Address: __________
- Business Phone Number: __________
  - Cell Phone Number: __________
  - SIGNATURE: __________

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**PHARMACY BENEFIT MANAGER (PBM) INFORMATION**

- PBM Name: __________
- PBM Plan Code: __________
- PBM Bin #: __________
- PBM Contact Name (If Available): __________
- PBM Contact Phone #: __________
- Address: __________
  - City: __________
  - State: __________
  - Zip Code: __________
- E-Mail Address: __________
  - Business Phone Number: __________

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**INSURANCE INFORMATION**

- Name of Insurance Provider: __________
- Name (or Number) of Insurance Plan: __________

**IS THIS AN ERISA PLAN? (Employee Retirement Income Security Act of 1974)**

- (Circle One)  
  - YES  
  - NO  
  - I DON’T KNOW  

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Mississippi Board of Pharmacy / PBM Complaint Form – Revised 06/05/2014
<table>
<thead>
<tr>
<th>DETAILS OF COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please attach additional documents if applicable.</td>
</tr>
</tbody>
</table>

|IRC DATE: | IRC MEMBERS: 1. | 2. |
|IRC DISPOSITION: | | |

<table>
<thead>
<tr>
<th>FINAL DISPOSITION:</th>
<th>( ) Phone, Email, Letter</th>
<th>( ) Board Hearing</th>
<th>( ) Informal Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) No Action</td>
<td></td>
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