



The Bahamas Pharmacy Council
P.O. Box N-4460
#23 Capital House
Augusta and Virginia Streets
Nassau, NP Bahamas
Telephone #: 1-242-326-5066
Email address: bahamas@pharmacycouncil.net

COMPLAINT FORM

The Bahamas Pharmacy Council (BPC) was established under the Pharmacy Act 2009 as the pharmacy regulator. The BPC 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 pharmacy intern, pharmacy technician, pharmacist, hospital pharmacy, wholesale distributor of drugs, drug manufacturer or factory, a retail pharmacy business or any other person or entity registered with the BPC. The information provided on this form will assist the BPC in handling your complaint. For further information on the complaints process please read the Guide to Making a Complaint. This is available on the BPC's website at <http://www.bahamas@pharmacycouncil.net/>

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 #	
Email Address	

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

(includes a pharmacy intern, pharmacy technician, pharmacist, hospital pharmacy, wholesale distributor of drugs, drug manufacturer or factory, a retail pharmacy business or any other person or entity registered with the BPC)

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

It is essential that we have the full name of the pharmacy intern, pharmacy technician, pharmacist, hospital pharmacy, wholesale distributor of drugs, drug manufacturer or factory, a retail pharmacy business or any other person or entity registered with the BPC being complained about in order to pursue the matter.



Name of Pharmacy Intern, Pharmacy Technician, Pharmacist or Other Practitioner	
Name of Pharmacy (includes hospital pharmacy, wholesale distributor of drugs, drug manufacturer or factory or a retail pharmacy business)	
Address of Pharmacy	

4. Details of the incident or event you wish to complain about:

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

Relevant documentation attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>The BPC will refer your complaint to the Complaints Committee (CC) as soon as practicable to consider whether there is sufficient cause to warrant further action being taken.</p> <p>The CC may:</p> <ul style="list-style-type: none"> a) require you to verify¹ anything contained in the complaint, b) require you to provide² 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 CC 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 Bahamas Pharmacy Council
P.O. Box N-4460
#23 Capital House
Augusta and Virginia Streets
Nassau, N. P. Bahamas
3. The BPC will send you a formal acknowledgement of your complaint within 5 working days of receiving your complaint.
4. The complaint shall be shown to the individual/organization that you are complaining about and she or he will be asked for comments. You may be shown these comments and asked to give your views on them.
5. Your complaint will then be sent to the CC.

I consent to:

1. **this complaint being treated by the CC as a complaint against any registered Pharmacy Intern, Pharmacy Technician, Pharmacist or Other Practitioner or registered retail pharmacy business (pharmacy)³ as may be identified in the course of the CC'S consideration of the complaint; and**
2. **a complete copy of this form being furnished to any such registered Pharmacy Intern, Pharmacy Technician, Pharmacist or Other Practitioner or retail pharmacy business (pharmacy)³**

Signed _____ Date _____

³ Includes hospital pharmacy, wholesale distributor of drugs, drug manufacturer or factory or a retail pharmacy business