



College of Pharmacists of Manitoba

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COMPLAINT REPORT

Filed with the College of Pharmacists of Manitoba

PLEASE PRINT CLEARLY

COMPLAINANT: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME PHONE NO: _____ BUSINESS NO.: _____

BEST PLACE AND TIME TO CALL: _____

PHARMACY NAME AND ADDRESS: _____

PHARMACIST'S NAME (IF KNOWN): _____

COMPLAINT:

(IF MORE SPACE IS REQUIRED PLEASE CONTINUE ON THE BACK)

WOULD YOU BE WILLING TO APPEAR BEFORE A COMMITTEE OF ENQUIRY IF REQUESTED? YES NO

COMPLAINANT'S SIGNATURE: _____ DATE: _____

PLEASE RETURN COMPLETED FORM TO THE COLLEGE OF PHARMACISTS OF MANITOBA AT THE ABOVE ADDRESS, ATTENTION: THE REGISTRAR