

NABP DMEPOS Complaint Form Please type or write legibly and mail completed form to:	National Association of Boards of Pharmacy DMEPOS Complaint 1600 Feehanville Drive Mount Prospect, IL 60056
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Information about the Facility against whom the complaint is lodged:	
Name (required)	
Street Address (required)	
City (required), State (required), Postal Code	
Phone Number (recommended)	

Complainant Information:	
Name (recommended)	
Street Address	
City (recommended), State (recommended), Postal Code	
E-mail address (recommended)	
Preferred Phone Number (recommended) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Cell	
Best time to contact you (recommended)	

Medicare Beneficiary/patient/client information	
<input type="checkbox"/> Check here if same as Complainant	
Name (recommended)	
Street Address	
City (recommended), State (recommended), Postal Code	
E-mail address (recommended)	
Preferred Phone Number (recommended) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Cell	
Best time to contact you (recommended)	
Date of Incident (required)	

Provide a brief narrative description of the complaint, including date of occurrence and names of witnesses, staff, and others involved. Please **do not** provide medical or medication information. If the complaint is regarding durable medical equipment or a medication, only provide the order or prescription number.

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Desired resolution or outcome

May NABP or a regulatory agency contact you for more information or clarification? (recommended)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No