

Complaint Form

The Pharmaceutical Society of Ireland (PSI) is the statutory regulator of pharmacists and pharmacies in Ireland. The PSI regulates the profession and practice of pharmacy in the interest of patient safety and public protection.

About this form

Complaints about pharmacists and pharmacies must be made to us in writing. This form can be used to send us your complaint and will help you give us the details we need to understand the matter you wish to complain about. Please include as much information as possible. More information on the complaints process can be found on the PSI website, including a guide to making a complaint: www.psi.ie.

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| <p>A copy of this form and any attachments you provide will be sent to the pharmacist and/or pharmacy. They will be given an opportunity to provide comments on the complaint you have raised.</p> |
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1. Your details

| | |
|----------------------|----------------------------------|
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Phone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

What is your complaint about?

If you wish to make a complaint about a pharmacist only, please complete Section 2.

If you wish to make a complaint about a pharmacy only, please complete Section 3.

Section 2 and 3 should be completed if your complaint relates to both a pharmacist **and** a pharmacy.

2. Details of the pharmacist that you wish to complain about

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

Please provide the full name of the pharmacist being complained about in order for us to pursue the matter.

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|--|----------------------------------|
| Name of pharmacist | Click or tap here to enter text. |
| Name of pharmacy where the incident occurred | Click or tap here to enter text. |
| Address of pharmacy where the incident occurred | Click or tap here to enter text. |

2.1 Details of the incident or event that you wish to complain about

| | |
|---------------------------------------|----------------------------------|
| Date(s) of incident/event | Click or tap here to enter text. |
| Time of incident/event | Click or tap here to enter text. |
| Place incident/event occurred: | Click or tap here to enter text. |

Details of the incident/event and your complaint:

Attach an extra page if needed

Click or tap here to enter text.

Notes

Click or tap here to enter text.

3. Details of the pharmacy that you wish to complain about

The more information you can provide, the easier it will be for us to deal with your complaint. Please provide the full name of the pharmacy being complained about in order for us to pursue the matter.

| | |
|----------------------------|----------------------------------|
| Name of pharmacy | Click or tap here to enter text. |
| Address of pharmacy | Click or tap here to enter text. |

4.1 Details of the incident or event that you wish to complain about

| | |
|---------------------------------------|----------------------------------|
| Dates(s) of incident / event | Click or tap here to enter text. |
| Time of incident / event | Click or tap here to enter text. |
| Place incident/event occurred: | Click or tap here to enter text. |

Details of the incident/event and your complaint:

Attach an extra page if needed

Click or tap here to enter text.

Notes

Click or tap here to enter text.

4. Relevant documentation

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|---|
| Relevant documentation attached? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Relevant documentation can include copy of prescriptions, medicine packaging, receipts, letters or other information relating to the complaint. |

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| <p>The PSI's Preliminary Proceedings Committee (PPC) will consider your complaint. The PPC's role is to decide if further action will be taken in relation to complaints. The PPC may need:</p> <ul style="list-style-type: none">a. you to verify anything contained in the complaint.b. you to give more information in relation to the complaint.c. the pharmacist or pharmacy to give more information in relation to the complaint. |
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Next steps

Please send your complaint form and any supporting documentation by:

- **email:** complaints@psi.ie, or
- **post:** Complaints Officer, Pharmaceutical Society of Ireland, PSI House, 15-19 Fenian Street, Dublin 2, D02 TD72.

If the PPC decides that the complaint requires further action, it may refer the complaint for resolution to Mediation under the Pharmacy Act 2007 or to a Committee of Inquiry to carry out a full hearing.

When the PSI receives your written complaint, we will:

- write and tell you that we have received it;
- send a copy of your complaint to the pharmacist and/or pharmacy;
- give the pharmacist and/or pharmacy an opportunity to provide comments in relation to your complaint;
- send you a copy of the response of the pharmacist and/or pharmacy for further comment;
- send any further comments that you make to the pharmacist and/or pharmacy for their final comment;
- provide the complaint to the PPC, to consider it.
- write to you to inform you of the PPC's decision in relation to the complaint i.e. whether it decided to take further action or not and the reasons why. We will then notify you of any further steps in relation to your complaint, as relevant

Please note that sometimes we receive complaints that relate to the work or the responsibility of another organisation. When this happens, we have a duty to let them know about it. For example, if a complaint raises a concern about the protection of children or a

vulnerable person, we are obliged to tell the relevant authority such as TUSLA and/or an Garda Síochána.

The PSI may also have a legal obligation to take any other action it considers necessary to protect the public interest on receipt of a complaint. If that arises, the PSI will take such action, but may not necessarily be able to inform you, if for example, the action relates to investigations or other legal proceedings now required in relation to fraud or criminal activity

The PSI takes its data protection obligations very seriously. We take precautions to protect the confidentiality of your personal information and to ensure your information is treated in accordance with Data Protection legislation. Please review the [Data Protection Statement](#) on our website for details of our use of your information and your rights in relation to this.

If you have any further queries in relation to how we handle your personal data, please contact the PSI's Data Protection Officer before submitting your complaint form.

I confirm:

That all the information I have provided in this form and relating to this complaint, is true and accurate to the best of my knowledge and belief.

I understand:

1. that this complaint will be treated as a complaint against any pharmacist or pharmacy that may be identified either by me or by the PSI during the course of the investigation and/or assessment and/or consideration of the complaint and
2. that a copy of this form, and any documents I give with it, will be provided to any pharmacist and/or pharmacy which this complaint is about as well as to any other relevant party such as the PSI's legal advisers
3. That my personal data and any other data I provide to the PSI in connection with this complaint will be processed in accordance with the PSI's Data Protection Statement and relevant data protection legislation.
4. That the PSI may take any other action based on any information provided by me in connection with this complaint in accordance with its statutory function and obligations.

Signed _____ Date _____

