
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.

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.

1. Your details

Name	
Address	
Phone number	
Email address	

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.

Name of pharmacist	
Name of pharmacy where the incident occurred	
Address of pharmacy where the incident occurred	

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

Date(s) of incident/event	
Time of incident/event	
Place incident/event occurred:	

**Details of the
incident/event and
your complaint:**

**Attach an extra page
if needed**

Notes

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	
Address of pharmacy	

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

Dates(s) of incident / event	
Time of incident / event	
Place incident/event occurred:	

Details of the incident/event and your complaint:

Attach an extra page if needed

Notes

4. Relevant documentation

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.

<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> <ol style="list-style-type: none">you to verify anything contained in the complaint.you to give more information in relation to the complaint.the pharmacist or pharmacy to give more information in relation to the complaint.

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.

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.

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 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:

1. I have read the PSI's guide to assist with making a complaint;
2. I have read the PSI's Data Protection Statement, which sets out the legal basis upon which the PSI collects and processes information during the statutory complaints process and explains how my personal data may be processed by the PSI; and
3. All information I have given in this form is, to the best of my knowledge, complete and accurate.

I understand:

1. that this complaint will be treated by the PSI's Preliminary Proceedings Committee (PPC) as a complaint against any pharmacist or pharmacy that may be identified either by me or during the course of the 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 relevant to this complaint.

Signed _____ Date _____