



# New Brunswick College of Pharmacists

## Ordre des pharmaciens du Nouveau-Brunswick

*To protect and promote the health and well-being of New Brunswickers by regulating pharmacy practice.  
Protéger et promouvoir la santé et le bien-être des gens du Nouveau-Brunswick en réglementant l'exercice de la pharmacie.*

### NOTIFICATION OF A CONCERN FORM

#### A. INFORMATION ABOUT YOU (THE PERSON NOTIFYING THE COLLEGE OF THEIR CONCERN)

First Name:	
Last Name:	
I prefer to be called:	
Email Address:	
Telephone Number:	
Preferred Language of Communication:	English French

#### B. INFORMATION ABOUT THE PATIENT (COMPLETE THIS SECTION IF THE PERSON NOTIFYING IS NOT THE PATIENT)

Patient's First Name:	
Patient's Last Name:	
Relationship between the person reporting and the patient:	spouse / partner parent child sibling health care provider other: _____

#### C. INFORMATION ABOUT THE PHARMACY OR THE PHARMACY PROFESSIONAL (PHARMACIST OR PHARMACY TECHNICIAN)

Name of Pharmacy or Pharmacy Professional:	
Location/Address of the Pharmacy:	

**D. INFORMATION ABOUT THE CONCERN**

<b>Relevant Date(s):</b>	
<b>Details of the Concern:</b>	
<b>Other Information:</b>	