



**PHARMACEUTICAL SOCIETY OF UGANDA  
COMPLAINT LOGIN FORM  
(PSU/COMP/11/01)  
Complaint No.....**

- (a) Name of Complainant:.....
- (b) Telephone No.....
- (c) Email address.....
- (d) Physical address.....

- (e) Type of Complaint (Tick as appropriate)
  - I. Pharmacist against another Pharmacist.
  - II. Pharmacist against employer
  - III. Employer against Pharmacist
  - IV. Employer against PSU
  - V. Pharmacist against PSU
  - VI. Member of the Public against Pharmacy/  
Pharmacist/PSU
  - VII. Others

- Explain .....
- (f) Nature of Complaint 
  - I. Finance related
  - II. Profession related
  - III. Personal
  - IV. Others
- Explain.....

- (g) Name of Person/Organization being complained about.....
- (h) Phone contact/Mobile Number of (h) above.....
- (i) Organization.....
- (j) Description of Complaint (Attach any necessary documentation where applicable)

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- (k) Possible cause
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- (l) Current/Previous steps taken in order to resolve the issue
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**Signature & Date :** \_\_\_\_\_

**Official Use** .....

**Resolved**  **Unresolved**

**Remark** \_\_\_\_\_

