

Wisconsin Department of Safety & Professional Services

Address: 4822 Madison Yards Way

Madison, WI 53705

E-Mail: dsps@wisconsin.gov

Website: <http://dsps.wi.gov>

DIVISION OF ENFORCEMENT

SUPPLEMENTAL DEA FORM FOR REPORTING THEFT OR LOSS OF CONTROLLED SUBSTANCES

Attention Managing Pharmacist:

The Department of Safety and Professional Services recently received a copy of the "Report of Theft of Loss of Controlled Substances" filed with the DEA. Please provide the additional information requested for all the boxes that are checked below. Thank you for your cooperation.

Wisconsin Pharmacy License No: _____ Date: _____

Was a police report filed?

YES (If yes, attach a copy of the report.)

NO

Employee Pilferage:

Full Name of employee:

If the employee is licensed, what is the license type and number?

License type: _____ License #: _____

If the employee is not licensed, what is the employee's job title?

Has the licensing agency been contacted? YES NO

Was the employee terminated? YES NO

Was (or will) the employee criminally charged? YES NO

Describe below the security measures that have been taken to prevent future thefts and losses. (Attach additional sheets if necessary.)

Managing Pharmacist Signature:

(Print and Sign Form)

Printed Name

Wisconsin Managing Pharmacist License Number:

Please complete and return this form to the address or fax listed below.

Department of Safety & Professional Services

Division of Legal Services & Compliance

PO Box 8935

Madison WI, 53708-8935

Fax: (608) 266-2264