CONTACT INFORMATION

| NAME

WEBCENTER OR RX WATCH LOGIN

ORGANIZATION

OCCUPATION

SELECT ⌄

OCCUPATION (DROP-DOWN)
1. Practitioner/Pharmacist
2. Law Enforcement
3. Board Member
4. IT Professional
5. Office Manager / Clerical Staff
6. Other

| EMAIL

PHONE   (ex: 3171234567)

INCIDENT

| INCIDENT CATEGORY

SELECT ⌄

INCIDENT CATEGORY (DROP-DOWN)
1. Compliance
2. Conferences/Training Material
3. Legal Inquiry
4. Passwords Reset
5. Patient Or Practitioner Request Inquiry
6. Pharmacy Change Order Request
7. Pharmacy Uploading
8. Practitioner Self-lookup
9. Poi Alerts/Unsolicited Report
10. Policy/Guidelines
11. Registration
12. Rx Watch Inquiry
13. Tips/Alerts
14. WebCenter Inquiry
15. Zero Report/Exemption

| INCIDENT DESCRIPTION

(Maximum 2000 characters)

ATTACHMENT

[Browse] [Screen Shot]

Maximum file size is 2 MB. Please send files larger than 2 MBs to Inspect@pla.in.gov. If you have more than one file to attach, please zip your files and upload one attachment.

Please expect a 2 hour response time Monday through Friday during normal business hours (8:00 am to 4:00 pm). For weekend and holidays please expect a 24 to 48 hours response time.

[Submit] [Reset]