



Addiction Therapy Services - Complaint Form

Clinic Name: _____ DEA Registration Number: _____

Address: _____ City/State/ZIP: _____

Contact Name: _____ Phone: _____

Email: _____

Do you have product you would like to return? Yes No

Product Description	NDC Number	Lot Number	Quantity *Specify bottle, tablet, mg, ml, etc.	Describe the Defect *If broken tablet, was any piece missing from the bottle?	Date Observed

Click Submit to email the form to Hikma's Complaint Department

Form may also be submitted via email to usqacomplaintsmailboxcol@Hikma.com

Hikma Addiction Therapy Customer Service
T: 833-449-3475 | F: 866-464-1562
usaddictiontherapy@hikma.com