

# Wisconsin Department of Safety & Professional Services

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Madison, WI 53703

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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:

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