

**PHARMACY COUNCIL**  
(Made under regulation 4(1))



**COMPLAINT FORM**

To be filled by the complainant and submitted to the Office of the Registrar)

1. Personal Details:

Name: EMILIANA MKWAYA JAMES

Address: MKOLANI MWANZA

Phone number (s): 0678 905593

2. Are you the complainant? Yes ☒ No ☐

3. Are you complaining on someone else behalf? Yes ☐ No ☒

If 'Yes' what is your relationship to the someone behalf?

Wife ☐ Husband ☐ Son ☐ Daughter ☐ Sister ☐ Brother ☐ etc.

4. Details of the pharmaceutical personnel

Full name of each pharmaceutical personnel you are complaining about

The address of each pharmaceutical personnel work at (if you know) or the address where you were attended.

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5. Give details of your complaint Please describe your complaint, and state exactly what happened and, if possible include dates, time and place of incident

The proprietor claims that pharmacy isn't paying her so she is delaying our salaries. After the pharmaceutical personnel technician demanded her pay the proprietor decided to fire her on now the pharmacy is being served by non-pharmaceutical personnel. The pharmacist and pharmaceutical personnel have sent her termination letters which she has taken but refuses to sign and won't return to us.

6. Do you have any documents (for example, letters or records) which might back up your complaint? If you do, please attach copies and list them below. If needed, we will return all original documents after taking copies.

7. Are there any other people who witnessed the acts you are complaining about? If yes, please give their names below, and how they were involved.

8. Are those people be prepared to make written statements? Yes [☒] No [☐]

9. We are always try to deal with most complaints through correspondence but, if it becomes necessary, are you prepared to be a witness at an inquiry of your complaint? Yes [☒] No [☐]

10. Have you complained to any other organization about this matter (example where the pharmaceutical personnel work?). If 'Yes', please say which organization you have lodged your complaint to.

11. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organization.

## 12. Declaration

I hereby certify that the information I have given in this form is complete and accurate, and I solemnly make this declaration, conscientiously believing the same to be true.

Name: EMILIANA MKWAYA JAMES

Signature: [Signature]

Date: 12/08/2025



EMILIANA MKWAYA JAMES  
S.L.P 1464  
MWANZA  
12/08/2025

MSAJILI,  
BARAZA LA FARMASI,  
S.L.P 1277  
DODOMA.

YAH: MAJALAMIKO KUTOKA KIBO PHARMACY

Hujika na kichwe cha habari hapo juu. Minii Emiliana Mkwaya James, mfamasi msimamizi wa farmasi ya Kibo. Naandika banua hii kuwasilisha majalamiko yangu pamoja na (pharmaceutical technician) mteknolojia dawa dhidi ya mmiliki wa farmasi ya Kibo. Mmiliki huyu amekua akihucheleweshea ama kutokuhulipa kabisa mishahara yehi na mda mwingine kulipa hela kidogo ukilinganisha na makubaliano yehi kwa madai ya kua pharmacy yake haiingizi hela ya kutisha kuhulipa. Hali hii imekua endelevu na humekua tukimsumbua kuhulipa hela zehi, hii imepelekea mmiliki huyu kumfukua kazi mteknolojia dawa kazi na kwa sasa farmasi inahudumiwa na geye pamoja na mhu mwingine na hawa wote hawana vibali wala taaluma ya kuhudumia farmasi. Tumejanibu kuongea nae kuhusu maswala haya na mara nyingi amekua mkali na kutoka maneno mengi. Tumepikia uamuzi wa kutermina contracts zehi pamoja na kureport hali hii ya pharmacy kuhudumiwa na wahu wasio na taaluma ya pharmacy. Tumempokea fomu kwa ajini ya kusitisha mkataba lakini amekataa kuzisign na kuhurudishia pia amekataa. Tumeanubatanisha fomu nyingine za kusitisha mkataba yehi na geye kwa bahua zaidi. Ni ombi langu kuwa majalamiko hili litasikilizwa.

Wako mhitu

Emiliana Mkwaya James

Mtamasia

James.



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

PCF. 17



NOTICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: Superintendent ☒ Other Pharmaceutical Personnel ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy KIBO PHARMACY Facility Identification Number (FIN) 0100757  
Physical address:  
Street MBITA Ward MIRONGO District/Municipal NYAMAGARA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name EMILIANA MKWATA JAMES PIN 0102140 Phone 0678905593  
Address 1464 MWANZA Email emilianajamu@yahoo.com

A.3. REASON(S) FOR CHANGE

OWNER OF THE PHARMACY CLAIMS THAT PHARMACY DOES NOT MAKE ENOUGH MONEY TO PAY MONTHLY SALARY LEADING TO DELAY SALARY PAYMENT.

Time frame of notification: (As per Contract) ONE MONTH Signature James Date 11/02/2025

A.4. OWNER'S DETAILS

Full Name ..... Phone Number .....  
Remarks .....  
Signature ..... Date .....

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ..... PIN ..... Phone Number ..... Email .....  
Physical address:  
Street ..... Ward ..... District/Municipal ..... Region .....  
Details of Previous pharmacy:  
Name of Pharmacy ..... FIN ..... District/Municipal ..... Region .....

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- (i) Copies of registration certificate and valid license to practice
- (ii) Contract Agreement/MOU
- (iii) Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations .....  
Full Name ..... Designation ..... Signature ..... Date .....

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.





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A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy KIBO PHARMACY Facility Identification Number (FIN) 0100757  
Physical address:  
Street MBITA Ward MIRONGO District/Municipal NYAMAGAYA Region MWANZA

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name JOVINA FABIAN NGASI PIN 0402161 Phone 0745062398  
Address 1464 MWANZA Email joavinerga16@gmail.com

A.3. REASON(S) FOR CHANGE

OWNER OF THE PHARMACY CLAIMS THAT PHARMACY DOES NOT MAKE ENOUGH MONEY TO PAY MONTHLY SALARY LEADING TO DELAY OF SALARY PAYMENT

Time frame of notification: (As per Contract) ONE MONTH Signature JN Date 11/02/2025

A.4. OWNER'S DETAILS

Full Name ..... Phone Number .....  
Remarks .....  
Signature ..... Date .....

B. TO BE COMPLETED BY THE OWNER ONLY

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