



**State of South Dakota – Board of Pharmacy**

3701 West 49<sup>th</sup> Street – Suite 204  
Sioux Falls, SD 57106  
P: 605-362-2737 F: 605-362-2738

**SUSPECTED PERSON ALERT**

**Person Information**

Full Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Birthdate: \_\_\_\_\_ If unknown- Approximate Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Additional Description/Notes: \_\_\_\_\_

Address: \_\_\_\_\_ #ity State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

Style \_\_\_\_\_ Color: \_\_\_\_\_ License Plate#: \_\_\_\_\_ License Plate State: \_\_\_\_\_

**Alleged Offense/s:**

**Drugs Involved:**

Drug Name	Quantity	Strength

If you have any information, please contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

**Action Needed/Requested:**

**Individual Sending Alert:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete any of the above information which you have on the suspected person and fax to 605-362-2738, email to the SD PDMP program at SDPDMP@state.sd.us, or provide to your local law enforcement or drug diversion investigator.