



State of South Dakota – Board of Pharmacy

4001 West Valhalla Blvd. – Suite 106

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: _____ City 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.