



Patient Concern and Complaint Form

We want to provide your therapy to your complete satisfaction. If you are not happy with the care or services we have provided, we want to know about it. At Memorial Specialty Pharmacy Services, our pharmacists are concerned for our patient's health and safety. We want to work with our patients to deliver the highest quality of healthcare. If you believe there is a problem with your medications or our services, please call Memorial Specialty Pharmacy Services at 954-276-6779 to speak with one of our pharmacists. We will be glad to help you with any concerns. If you wish to file a written complaint, you may do so by using this form. A self-addressed, prepaid envelope is enclosed for your convenience. We take all concerns very seriously and view them as opportunities to improve our services and will respond to your complaint within five (5) business days.

If you feel your complaint has not been resolved to your satisfaction and wish to seek avenues for further review, you may contact Memorial Healthcare System at <https://www.mhs.net/contact-us> and submit a complaint or concern. You may also contact the Accreditation Commission for Health Care at 1-855-937-2242.

Patient Name: _____ Date: _____

Regarding: _____

Employee involved (if applicable): _____

Nature of problem: _____

To be completed by Memorial Specialty Pharmacy team member: _____

Measure(s) taken: _____ Date: _____