

Concern or Complaint Form

At Memorial Hermann Specialty Pharmacy, we are dedicated to providing the highest quality care and service. If you are not happy with the care or services we have provided, please call us at 1.833.234.6477 (toll-free) or 281.698.6100. If you wish to file a written complaint you may do so using this form and mailing it to 21501 Park Row Dr., Suite 200, Katy, TX 77449. Once received, a member of our pharmacy will contact you. We take all concerns very seriously and view them as opportunities to improve our services.

Information About the Complainant		
First Name: _____	Last Name: _____	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Preferred Method of Response: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail	
Email Address: _____	Phone Number: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Status: <input type="checkbox"/> Patient <input type="checkbox"/> Caregiver <input type="checkbox"/> Provider <input type="checkbox"/> Other _____		
Patient Information <i>(Complete if complaint is concerning a patient. Skip this section if you are the patient and are completing the form)</i>		
First Name: _____	Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	
Last Name: _____		
Email Address: _____	Phone Number: _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Concern or Complaint Detail		
Date Event Occurred ____ / ____ / ____	Concern/Complaint Type: <input type="checkbox"/> Access to Service/Staff <input type="checkbox"/> Billing <input type="checkbox"/> Customer Service <input type="checkbox"/> Delivery/Shipping <input type="checkbox"/> Timeliness <input type="checkbox"/> Other _____	
Detail: <i>(Please provide a brief description of the event.)</i> 		
MHSP Use Only		
Date Received _____ / _____ / _____	Initial Response & Database Entry Completed by: _____	