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: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. Preferred Method of Response: ☐ Phone ☐ Email ☐ Mail

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Status:
☐ Patient ☐ Caregiver ☐ Provider ☐ Other _____

Patient Information *(Complete if complaint is concerning a patient. Skip this section if you are the patient and are completing the form)*

First Name: _____ Title: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

Last Name: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Concern or Complaint Detail

Date Event Occurred
_____ / _____ / _____

Concern/Complaint Type:
☐ Access to Service/Staff ☐ Billing ☐ Customer Service ☐ Delivery/Shipping
☐ Timeliness ☐ Other _____

Detail: *(Please provide a brief description of the event.)*

MHSP Use Only

Date Received _____ / _____ / _____ Initial Response & Database Entry Completed by: _____

MEMORIAL HERMANN Specialty Pharmacy

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