PharmaCare
A MEMBER OF The Medicine Shoppe FAMILY

FORM Q-1 Privacy Policies and Procedures Complaint

Patient Name	Patient Date of Birth
Patient Address	Patient Telephone Number
Please describe the nature of your complaint, providing as much detail as possible I would like a personal response to this complaint ☐ Yes ☐ No	

While this complaint may be made anonymously, without your personal information, it will be impossible to respond to you personally.

_____ _____

Signature Date

(rev. 2/14/25)