

## **Complaint and Claim Form**

Date:
Client Name:
Service(s) provided by Special Care Pharmacy:
Phone Number(s):
Describe your complaint or claim in detail:

Thank you for your interest in communicating your complaint to our staff. Please remember that our mission is to provide excellence in all our services, and this information will allow us to learn what and how our services may be improved.

## **CONFIDENTIALITY NOTICE**

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