



1249 W. 7th Street
South Plainfield, NJ 07080

Patient Concerns / Grievances Form

Drug Mart's staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality home care services without discrimination. You also have the right to voice your concerns, grievances, or complaints about your service without being threatened, restrained or discriminated against.

If you are unhappy with our service or have concerns about safety and quality of care, we would like you to contact our management. You may either complete this form, call us at (800) 877-0337 or visit our website at www.shopdrugmart.com to submit your concerns.

Within 5 calendar days of receiving your concern, we will notify the beneficiary by using telephone, email, fax or letter format that the matter is under investigation. Within 14 calendar days, the organization will provide written notification to the beneficiary with the results of its investigation and response.

Mail from to:

Drug Mart Pharmacy
1249 W. 7th Street
South Plainfield, NJ 07080

Thank you in advance for bringing your concern to our attention as it will assist us in our continuing effort to improve the quality of our services.

Patient Name: _____ Date of Birth: _____

Description of the problem/concern/complaint (include dates, times and names, if possible):

Completed by (signature): _____ Date: _____

Relationship to patient (if applicable): _____

(FOR OFFICE USE ONLY)

Date Received: _____ By: _____

Follow-up completed by: _____ Date: _____