
Client / Patient Complaint and Resolution Process

Michael's Pharmacy would like to inform you in writing of your right to voice grievances/complaints and to recommend changes without coercion, discrimination, reprisal and/or unreasonable interruption in your services. Michael's Pharmacy will respond to all complaints and/or concerns expressed by clients.

The staff at Michael's Pharmacy would like to encourage you to discuss any of your concerns or issues with us. Please allow us the opportunity to resolve any problems. All customer complaints, regardless of seriousness, will be documented and acted on. **Please use the complaint form on the preceding page in order to submit any formal complaints about the pharmacy.**

If you have concerns or additional questions, please feel free to contact:

Michael's Pharmacy
531 E 7th St Brooklyn, NY 11218
Toll Free Tel: (718) 921-8777
Toll Free Fax: (718) 921-9777
MichaelsPharmacyRx@gmail.com

Or

You may also file complaints with:

Joint Commission Accreditation Consumer Complaints/Grievances: 800 994 6610

URAC Accreditation Consumer Complaints 1-202 216 9010 <http://webapps.urac.org/complaint>

ACHC Specialty Pharmacy Consumer Complaints/Grievances: 1-855-937-2242.

You may also file a complaint with the New York Board of Pharmacy.

NY State Education Department
Office of the Professions Division of Professional Licensing Services
Pharmacy Unit
89 Washington Avenue
Albany, New York 12234-1000
(518) 474-3817 ext. 250
Main Site: www.op.nysed.gov/pharm.htm
Online Complaint Address: <http://www.op.nysed.gov/opd/complain.htm>

The complaint investigation shall begin within 24 hours of receipt of the complaint. Within two (2) calendar days of receiving a complaint, the organization will notify you using oral, telephone, e-mail, fax, or letter format, which it has received the complaint and is investigating. Within five calendar days, Michael's Pharmacy will provide you written notification to the results of its investigation. You will be notified verbally and in writing of any the delay.





531 E 7th St
Brooklyn, NY 11218
(718) 921-8777 toll-free phone
(718) 921-9777 toll-free fax

Client / Patient Complaint Form

Name: (Optional) _____ Date of Birth: (optional) _____ Date: _____

Name of Pharmacy Staff, (if known): _____

Complaint:

Thank you. Within two business days of receiving your complaint, the pharmacy will notify you that your complaint has been received and is being investigated. Within five business days, you will be notified of the results of the investigation. You will be notified verbally and in writing of any delay.

----Below Fields for Pharmacy Use Only ----

Pharmacy Staff Receiving Complaint: _____ Date _____

RESOLUTION ACTION(s): **Response to client required within 14 business days**

Investigator Name: _____ Date Investigated Initiated: _____

Findings: _____

Resolved, explain _____

Unresolved, explain and next steps: _____

Signature of Investigator: _____ Date _____

Date client contacted to confirm receipt: _____ Written _____ Telephone _____ In-person _____

Date client provided investigation results: _____ Written _____ Telephone _____ In-person _____

