

# CONCERNS & GRIEVANCES FORM- Retail

Northern Light Pharmacy's staff strives to ensure quality products/services that are consistent with our philosophy. As stated in your Patient Bill of Rights and Responsibilities, you have the right to be given appropriate and professional quality 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 a specialty pharmacy patient please use the form located at :**

<https://northernlighthealth.org/Locations/Northern-Light-Pharmacy/Specialty-Pharmacy/For-Patients>

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 or call us at 207-275-3202 or visiting our website to submit your concerns on our "Contact Northern Light Pharmacy Form"

Within 5 business days of receiving your concern, we will notify the beneficiary by using telephone, email, fax or letter format that the matter is under investigation.

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.

Please mail form to:	Northern Light Pharmacy
	Attn: Brian Raymond
	210 State Street
	Bangor ME, 04401

---

Patient Name:

---

Date of Birth:

---

Description of the problem, concern, or complaint (please include dates, times and names if applicable):

---

---

Name of the person completing the form:

---

Relationship to the patient (if applicable):

---

---

## FOR OFFICE USE ONLY

---

Patient's Address:

Patient's Telephone Number:

Insurance Claim Number:

Date Received:

Received By:

Date Follow Up Complete:

Follow Up Completed By:

Actions taken for resolution: