



Patient Complaint Policy

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, product, and billing complaints will be communicated to the Supervising Pharmacist and the Board of Directors. These complaints will be documented in the pharmacy's complaint file, and completed forms will include the patient's name, address, telephone number, and health insurance claim number, a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

All complaints will be handled in a professional manner. All logged complaints will be investigated, acted upon, and responded to in writing, e-mail, or by telephone within 5 business days after the receipt of the complaint. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively. In addition, the pharmacy will assist the patient in contacting the appropriate state agency or third party payer (health plan) if needed.

You may file a complaint with us by contacting:

Dunn Meadow, LLC
Dan Weinstein, CEO
1555 Center Avenue, 1st Floor
Fort Lee, NJ, 07024
Phone: 201-949-3400
Toll-free: 844-262-8200

If appropriate, you may also file a complaint with the New Jersey State Board of Pharmacy:

New Jersey State Board of Pharmacy
P.O. Box 45013
Newark, NJ, 07101
Phone: 973-504-6450



Patient Complaint Form

Date: _____

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Telephone Number: _____

Patient's e-mail: _____

Please describe your complaint in detail:

Was the pharmacist made aware of the situation, and was a resolution offered?

In your opinion, what action can be taken to resolve this issue:

Signature: _____

Please note that all complaints will be reviewed, and a response will be made in 3-5 business days.