



# PATIENT CONCERNS / COMPLAINT FORM

TFP strives to guarantee excellent service that matches our values. You have the right to voice your concerns or complaints about your service at any time. If you are unhappy with our service, have concerns about safety, or unhappy with quality of care, we would like you to contact our management team.

### How to make a complaint:

- You may complete this form and fax to 813-877-2479, email to TFP@tfpspecialty.com, or mail to address below.

**Mail form to:** TFP Wellness Systems, 12470 Telecom Drive, Suite 110W, Tampa, FL. 33637

- Call 813-871-5161 or toll free 866-871-5670 and ask for Pharmacist or to speak with a supervisor.
- Visit our website at <http://www.TampaFamilyPharmacy.com> to submit your concerns.
- Submit to the Florida Board of Pharmacy Telephone: (850) 245-4339 Mailing Address: Consumer Services, 4052 Bald Cypress Way, Bin C75, Tallahassee, Florida 32399-3275.
- For information on how to submit a complaint or grievance to another state board of pharmacy, please go to <https://nabp.pharmacy/about/boards-of-pharmacy> to find your states contact info.
- Submit complaints and grievances to the Accreditation Commission for Health Care, Inc. "ACHC" at 855-937-2242.

TFP will contact you within 3 calendar days after receiving your concern. You will receive a telephone and/or written response from our management.

Thank you in advance for bringing your concern to our attention. We will continue to learn from our patients and work to improve the quality of our services.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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)**

Patient's Address: \_\_\_\_\_

Patient's Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

Follow-up by phone completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Items discussed: \_\_\_\_\_

Resolution/action taken to resolve the complaint: \_\_\_\_\_

Follow-up by letter completed by: \_\_\_\_\_

(*please attach copy*) Date completed: \_\_\_\_\_ Date mailed: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_