

# Patient Concern and Complaint Form

If you are not completely satisfied with the care or services we have provided, we want to know about it. Call our Call Center with any concerns or problems with your medications or services at **833-670-7171**. If you wish to file a written complaint, you may do so using this form. If a complaint cannot be resolved verbally over the phone, it will be addressed via our company's policies and procedures regarding complaints through a formal process.

## Please mail or email the form to us.

Completed forms may be mailed to:

UChicago Medicine AdventHealth Bolingbrook Specialty Pharmacy

500 Remington Blvd, Bolingbrook, IL 60440 Bolingbrook, IL 60440

**or Emailed to:** GLR.SPS@AdventHealth.com or **Faxed to:** 630-856-3992.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Regarding: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Involved (if applicable): \_\_\_\_\_

Nature of problem: \_\_\_\_\_

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You or your representative may also file a complaint with the Illinois Department of Public Health at 525 West Jefferson Street, Springfield, IL 62761-0001.

**Phone:** 800-252-4343. **TTY (*hearing impaired use only*):** 800-547-0466. **Fax:** 217-524-2913.