



LCMC Health Pharmacy Services

200 Henry Clay Ave Ste 2107

New Orleans, Louisiana 70123

Telephone: (504) 896-7780 ~ Fax: (504)867-4517



Complaint Form

Complainant Information:

Name of person filing complaint: _____

Mailing address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

Subject of Complaint:

Full name of person/entity against whom you are filing complaint:

Address: _____

City, State, ZIP: _____

Telephone: _____ Email: _____

Date(s) of incident: _____

Location(s) of incident: _____

Have you contacted the subject about this issue? Yes No

Description of incident about which you are filing this complaint (Should you require additional space to properly explain this matter, please attach additional documentation as needed):

Signature of person filing complaint

Date