

Shaw's Supermarkets / Star Market

CUSTOMER PRIVACY COMPLAINT FORM

We at Shaw's Supermarkets / Star Market make every effort to protect and maintain your privacy and confidentiality. However, if you feel your privacy rights have been violated, or have a general complaint about how we handle protected health information, please let us know by filling out this form.

Today's Date: _____

Date & Pharmacy location of alleged violation/complaint: _____

Description of Complaint: _____

Optional:

*Name: _____

*Phone #: _____

*Address: _____

Please check one:

Do you wish to be notified about the resolution of your complaint? Yes No

*must be filled out if you want to know the resolution of your complaint

Please allow thirty days for the complaint to be reviewed.

Office Use Only

Pharmacy #: _____

Date Complaint Received: ____/____/____

Complaint Processed By: _____

Date Investigation Completed: ____/____/____

Date Response Sent to Patient (if requested): ____/____/____ by _____

Mail this form to: Privacy Officer, Shaw's Supermarkets/Star Market, P.O. Box 600, East Bridgewater, MA 02333