

# **Kopp Drug Inc.**

## **CUSTOMER COMPLAINT FORM**

*This form may be sent to Kopp Drug's Corporate Office.*

*Kopp Drug*

*Attn: Privacy Officer*

*P.O. Box 1471*

*Altoona, PA 16603*

(If this form is given to a Kopp Drug employee they must forward it to the Office)

1. Pharmacy location that the incident happened at:
2. Date of complaint:
3. Date of incident (if not the same as date of complaint):
4. Nature of and details regarding the complaint:

### **OPTIONAL**

Anonymous complaints will also be investigated and proper changes and/or disciplinary actions will be taken if needed.

Name:

Contact information:

Check here to receive additional communications from Kopp Drug Inc. regarding the resolution of the issue.

