

We're always interested in hearing about our work. Whether you have a comment, complaint, suggestion or concern about the quality or safety of our care, please fill out this form and one of our pharmacists will review it within 24 business hours.

Patient's information	
Name:	
Date of birth:	
Contact phone number:	
Medication being dispensed by PMA:	
This is a	
Complaint	Comment
Suggestion	Concern
Description of the complaint/suggestion:	
You may mail, email or fax completed forms to:	
Pharmacie Michael Assaraf ATTN: Pharmacist 162 rue Barr Ville Saint-Laurent, QC H4T 1Y4 Fax: 1-855-788-6590 Email: Documents@PharmacieMichaelAssaraf.ca	