



## Customer Feedback Form

Thank you for visiting Hogan Pharmacy. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit:

Did we respond to your needs today?     YES     NO

Was our customer service provided to you in an accessible manner?  
 YES     SOMEWHAT     NO (Please explain below)

Did you have any difficulties accessing our goods and services?  
 YES (Please explain below)     SOMEWHAT (Please explain below)     NO

Please add any other comments you may have:

Contact information (optional):

Thank you,  
Darryl Moore, Owner - Hogan Pharmacy

All completed forms will be kept confidential as per the Hogan Pharmacy Confidentiality Policy  
The Hogan Pharmacy Accessibility Policy is available upon request