

# Member Grievance/Appeal Form

Member Name _____	Member ID# _____
Member Address _____ _____ _____	Member Telephone _____

If the grievance/appeal concerns a provider(s), please supply the following information, if known.

Name of Provider(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Please write a description of the grievance/appeal with as much detail as possible.  
Attach extra pages, if needed.

\_\_\_\_\_  
(Member Signature)

\_\_\_\_\_  
(Date Filed)

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Grievance/Appeal: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Action taken to resolve grievance/appeal:

\_\_\_\_\_  
(Signature Plan Rep)

\_\_\_\_\_  
(Resolution Date)