

Grievance Form

Subscriber Name: _____ Date: _____

Person Grieving: _____ Patient: _____

Subscriber No: _____ Group No.: _____

Telephone No.: (home): _____ (work): _____

1. Describe the issue you are grieving in as much detail as possible:

2. Explain any information you think is relevant, such as dates, events in chronological order, and names of any providers involved. (Use additional paper if necessary.)

3. Explain what you believe to be a fair resolution of your grievance.

4. Attach copies of any documents that relate to your grievance.

Signature