



GFC LOG #:

**Complaint submitted by (complete Enrollee/Subscriber information for all grievances even if Enrollee is not submitting the complaint):**

**Client Organization Representative:**

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Provider of Services:**

Name (incl. licensure): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ ID #: \_\_\_\_\_

**Enrollee/Subscriber (Complete this information for all complaints):**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ SS #: \_\_\_\_\_

Employer: \_\_\_\_\_

**Family Member:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Complaint submitted against:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Nature of complaint (If more space is required, please attach additional pages):**

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"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at (800) 321-2843 and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

Signature (complainant) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (Sales and Client Services personnel receiving complaint) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature (Department Head) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Plan for disposition (What should/is being done about the complaint):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaint resolved?:** Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

**Resolution of complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Chairperson Grievance Committee) \_\_\_\_\_ Date \_\_\_\_\_

