



## Member Complaint Form Instructions

1. Enter the member's first name.
2. Enter the member's middle initial, if applicable (not required).
3. Enter the member's last name.
4. Enter the member's ID number. This is on the member's ID card.
5. Enter the name of the member's health network.
6. Enter the full name of the person filling out the Member Complaint Form.
7. Enter today's date.
8. Enter the member's street number and street name in the Current Home Address field.
  - a. Enter an apartment number, if applicable.
9. Enter the member's city in the City field.
10. Enter the member's ZIP code in the Zip Code field.
11. Enter a phone number where the member can be reached about the complaint in this format: (111) 111-1111.
12. Please **check all boxes** that apply to the complaint under "Nature of Complaint."
  - a. Problem with a Doctor or Staff
  - b. Problem Getting a Referral
  - c. Office or Facility Problem
  - d. Problem Getting Appointment
  - e. Problem Getting Medicine or Prescription
  - f. Bill Received for Medical Services
  - g. Problem with Medical Care
  - h. Appeal (A request to review an adverse benefit decision to delay, change, deny or stop a requested service.)
  - i. Other (Please write a description of the issue on the line provided.)
13. Please write a description of the member's concern or issue on the lines provided in the "Nature of Complaint" section. Please include names, dates, details and as much information about the complaint as possible.
14. The person filling out the form will need to mark their relationship to member (member or self, parent, grandparent, provider, CalOptima Health, Health Network or Authorized Representative.) If none of these apply, please write in the relationship under **Other**.
15. The person filling out the form must print his or her name and title (if applicable), then sign and date the form.
16. Please enter the following information about the doctor involved with your grievance:
  - a. Name
  - b. Date of Last Visit
  - c. Address
  - d. City
  - e. Phone Number

**Please note: You may attach extra pages if needed. If you have any questions or need help, please call CalOptima Health Customer Service toll-free at 1-888-587-8088 (TTY**

**711), Monday–Friday, from 8 a.m.–5:30 p.m. We have staff who speak your language.**