

Complaint/Grievance Form

You can file a complaint or grievance with InterCommunity Health Network Coordinated Care Organization (IHN-CCO) by filling out this form. Send the completed form to: Grievance Team, PO Box 1310, Corvallis OR 97339. You can also call Customer Service at **541-768-4550** or **800-832-4580**. TTY users may call **800-735-2900**. Customer Service is open Monday through Friday, 8 a.m. to 8 p.m.

Please include any documents such as notices, denials of service, doctors' bills, etc. Include all communications by the member and others such as OHA, doctors, IHN-CCO, etc. These might help us investigate the complaint.

If you need more room, please use another piece of paper or the back side of this form.

First name: _____ **Last name:** _____
(Person filling out the form) (Person filling out the form)

Phone: _____ **Member ID:** _____

Member name: _____ **Member date of birth:** _____
(If different than person filling out the form)

What happened?

When did it happen?

Who was involved?

What do you want IHN-CCO to do about this?

You can get this document in another language, format, large print or ask for an interpreter at no cost to you. Please call us at 800-832-4580 (TTY 800-735-2900) to request a copy of this document or an interpreter.

Puede obtener este documento en otro idioma, otro formato o en letra grande o pedir un intérprete sin costo alguno para usted. Llámenos al 800-832-4580 (TTY 800-735-2900) para pedir una copia de este documento o un intérprete.