

CONCERN: Employee Assistance Program  
1503 Grant Road, Suite 120  
Mountain View, California 94040  
1-800-344-4222



**GRIEVANCE COMPLAINT FORM-Mail in**

Dear Member:

The following is a Grievance Complaint Form that you may complete in order to expedite your complaint. If you need help in filling out this form, please call us at 1-800-344-4222. You will receive an Acknowledgement of Receipt of Complaint letter within five days of receipt of the complaint and a Statement of Complaint Resolution letter within five days of a decision, but no later than thirty calendar days from receipt of the complaint. The Acknowledgement of Receipt of Complaint letter acknowledges that we received your complaint. **If you have any questions regarding the grievance process or your specific grievance, please contact a Clinical Manager at 1-800-344-4222. By law, all grievances must be resolved within thirty (30) days of receipt of the complaint.**

Member Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

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

Member Phone # (day): \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Description of Complaint: (Attach additional sheets of paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of CONCERN Provider, Staff or Service (if known): \_\_\_\_\_

I hereby attest that the above information is true:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please mail to: Attn: Quality Assurance Manager; CONCERN: EAP; 1503 Grant Road, Suite 120; Mountain View, CA 94040***  
***Attention California Members: Please review back of form for important information***

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 **1-800-344-4222** and use your health plan's grievance process before contacting the department. Utilizing the 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 the 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.