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

CONCERN:EAP

GRIEVANCE COMPLAINT FORM

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 three 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.

You may also use this form to appeal the resolution of a previously filed complaint. By law, all grievances must be resolved within thirty (30) days of receipt of the complaint. Grievance complaints may be eligible for expedited review in cases involving an imminent and serious threat to the member's health, including, but not limited to, severe pain, potential loss of life, limb or major bodily function. If you have any questions regarding the grievance process, eligibility for expedited review, or your specific grievance, please call 800-344-4222.

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:_____

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.

Can you read this form?

Notice of Availability

You can request an interpreter at no cost to speak with CONCERN: EAP or a counselor. To request an interpreter or ask about written information in your language, first call CONCERN at 800-344-4222. Someone who speaks your language can help you. If you need more help, call the HMO Help Center at 888-466-2219

Aviso de Disponibilidad

Puede solicitar un intérprete sin cargo para hablar con CONCERN: EAP o un asesor. Para solicitar un intérprete o información escrita en su idioma, primero llame a CONCERN al 800-344-4222. Una persona que hable su idioma puede ayudarlo. Si necesita más ayuda, llame al Centro de Ayuda de HMO al 888-466-2219

通知：可提供的語言

在與 CONCERN（EAP 或者一位輔導員）
聯絡時，您可以請求免費提供口譯人員。如需請求提供口譯人員或以您的語言提供書面資料，請首先致電 CONCERN，電話號碼是 800-344-4222。將有一位會講您語言的工作人員幫助您。
如果您需要更多幫助，請致電 HMO 協助服務中心，電話號碼是 888-466-2219。

Paunawa ng Kahandaan

Makakahiling kayo ng isang tagasalin ng wika upang makipag-usap sa CONCERN: EAP o isang tagapayo. Upang humiling ng isang tagasalin ng wika o magtanong tungkol sa nakasulat na impormasyon sa inyong wika, tumawag muna sa CONCERN sa 800-344-4222. Ang isang nagsasalita ng inyong wika ay makakatulong sa inyo. Kung kailangan ninyo ng karagdagang tulong, tawagan ang HMO Help Center sa 888-466-2219