

MEMBER GRIEVANCE FORM

LINE OF BUSINESS INVOLVED *(check all that apply)*

- Access Behavioral Care
- Behavioral Healthcare, Inc.
- CHP+ offered by Colorado Access
- CHP+ State Managed Care Network

MEMBER INFORMATION

Member name: _____

Medical ID number: _____

Name of member's DCR* or guardian (if applicable): _____

Phone: _____

*designated client representative

DESCRIPTION OF PROBLEM *(if needed, write on the back of this form or add another page)*

Date(s) of incident: _____

Person(s) or provider(s) involved: _____

Please explain: _____

Mail to:
Grievance and Appeals Department
PO Box 17950
Denver, CO 80217-0580

To speak with someone directly, call our Grievance and Appeals Department at 303-751-9021, or 888-214-1101 (toll free). TTY/TDD users call 888-803-4494.