



# Complaint and Grievance Form

Date Submitted \_\_\_\_\_

*Member Information*

Name \_\_\_\_\_ ID Number \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Complaint/Grievance Submitted by \_\_\_\_\_

*Please Print*

*Use the space below to describe the circumstances of your complaint or grievance. Include the date(s) of all incident(s) surrounding your complaint or grievance. Please also include the names of any person(s) involved in the incident(s) you are reporting. Attach additional sheets if you need more room. Please print clearly.*

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Member Signature \_\_\_\_\_

When completed, mail or fax this form to:

Member Services  
PHC California  
P.O. Box 46160  
Los Angeles, CA 90046  
Fax: (888) 235-8552

*If you need help completing this form, or you would rather file your complaint or grievance orally, please call Member Services at (800) 263-0067, Monday through Friday, 8:00 am to 8:00 pm. TTY users call 711.*