



PacificSource Community Solutions  
PO Box 5729, Bend, OR 97708-5729  
800-431-4135, TTY: 711. We accept all relay calls.  
PacificSource.com/Medicaid

*Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Llame al 800-431-4135 o por TTY al 711. Aceptamos llamadas del servicio de retransmisión.*

*You can get this document in another language, large print, or another way that's best for you. You can also request an interpreter. This help is free. Call 800-431-4135 or TTY: 711. We accept all relay calls.*

### Complaint Form

Use this form to tell us about any grievances, also called complaints, you have about your care. This includes any part of your care, like:

- Seeing your provider (example: scheduling problems)
- Quality of your care (example: wrong diagnosis)
- Quality of service (example: staff not meeting your needs)

This form should not be used if you want to dispute a coverage decision made by us.

Include any important documents. You may also include extra pages if you need more room. **Note:** We may share your complaint information to the provider(s) or person(s) you list below to research or resolve your complaint.

Name (First, Last):	Member ID Number:
Who is your complaint against?	
<input type="checkbox"/> Provider: _____	<input type="checkbox"/> Staff: _____
<input type="checkbox"/> Plan: _____	<input type="checkbox"/> Other: _____
Details of your complaint:	

