

Sample Grievance Letter

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The words that are slanted are directions.

GRIEVANCE

Your Member ID Number

Your Name

Your Address

Your Town, State and Zip Code

Name of HMO

Address of HMO

Town, State and Zip Code of HMO

Dear Grievance Specialist,

Today's Date

I am writing to file a grievance with *Name of HMO*. I am having a problem with *PCP, medical treatment, home health care or other problem*. I am submitting this letter as a (*pick one*) GRIEVANCE/ EMERGENCY GRIEVANCE because *I do not agree with the decision about my care, I do not like the way I was treated,(or any other problems)*.

My HMO ID number is _____ . My ACCESS card number is _____ . My Primary Care Provider (PCP) is _____ .

Begin your description here. Write about the steps that led up to the problem. In include facts like appointment dates, times and provider's names and people who you spoke with. Tell them how you want the problem fixed. Be clear about everything that happened.

I expect a response to my grievance within 30 days in writing (*48 hours if it is an emergency grievance*). Please send all information to me at the above address. *Also send a copy to the name and address of an agency or person that is helping you like your PCP or an advocate.*

Sincerely,

Sign your name

Print your name

Cc: Name of anyone else you are sending the letter to

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