



Complaint Form

Date Complaint Called in: ____ / ____ / ____

Complaint Made to (Person): _____

Name of Person Making Complaint (Complainant): _____

Address of Complainant: _____ **City** _____ **State** ____ **Zip Code** _____

Telephone number of complainant: _____

Members Name: _____

Members ID Number: _____

Members Insurance Company: _____

Permission to discuss complaint with Provider (if complaint is about the provider): _____

Provider name (if complaint is about the provider): _____

Complaint is about, please circle:

Member Provider Claims Other

	Type
QOC	QOS

Please give a summary of the complaint:

Return this form to:
ValueOptions, Inc.
1199 S. Beltline Rd
Ste 100
Coppell, TX 75019

Date Completed: ____ / ____ / ____