

GRIEVANCE FORM

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

HOME ADDRESS _____ APT. #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____ EXT. : _____

DATE(S) PROBLEM(S) OCCURRED: _____

LOCATION WHERE PROBLEMS(S) OCCURRED: _____

Problem occurred as follows *(Please be as specific as possible. Include time, sequence of events, all subsequent events, etc. Use the back of this form if necessary):*

ACTION REQUESTED AS FOLLOW-UP TO PROBLEM: _____

MEMBER SIGNATURE: _____ DATE: _____

I understand that AMERIGROUP will contact me within five working days of the receipt of this form to acknowledge the receipt of this grievance and to notify me of its initial findings or course of action regarding this complaint.

RECEIVED BY: _____ DATE/TIME: _____

- BY MAIL BY TELEPHONE IN PERSON OTHER