



PacificSource Community Solutions, Inc.
PO Box 5729, Bend OR 97708-5729
541.382.5920 800.431.4135
CommunitySolutions.PacificSource.com

Use this form for complaints about issues that do not deal with a denial of coverage of services. This may include topics such as (partial list only):

- ❖ Access to providers (ex: physical barriers, scheduling problems)
- ❖ Quality of care (ex: incorrect diagnosis, inadequate testing)
- ❖ Quality of service (ex: staff not responding to your needs, inappropriate behavior from staff or providers)

Please type or print clearly. Include any important documents. Use back of form if not enough room. Note that complaint information may be released to a provider/person about whom you are complaining, for research and/or reporting purposes.

Name: _____ ID Number: _____

Is complaint against?

Provider: _____ Staff: _____

Plan: _____ Other: _____

Details of your complaint:

Signature: _____ Date: _____ Phone: _____

(If you are not a person with legal authority to represent the member, although you may help fill out this form, the member must sign above to confirm the complaint. If he/she is unable to sign due to a handicap or other limitations, please make note of it.)

Person filling out form: _____ Relationship to member: _____

Please return this form to: PacificSource Community Solutions, Grievance/Appeals
PO Box 5729
Bend OR 97708

Si necesita servicios de intérprete, llame al (541) 382-5920 o (800) 431-4135.