

**PATIENT/EMPLOYEE COMPLAINT FORM**

Cardinal Health Alliance works closely with employers, patients, providers, and third party administrators in a cooperative effort to ensure responsible and quality health care for our HMO and PPO members. It is necessary for us to be made aware of any problems associated with an individual's care. Please fill out the following patient/employee complaint form. There will be timely follow-up to insure that any problems that you have encountered are addressed.

EMPLOYEE FILING COMPLAINT

EMPLOYEE ID#

EMPLOYER GROUP

DATE OF EVENT OR OCCURRENCE

DESCRIPTION OF EVENT OR OCCURRENCE

PERSONS NOTIFIED

DATE OF REPORT

INDIVIDUAL PREPARING REPORT

**FOR OFFICE USE ONLY**

**CATEGORY OF COMPLAINT:**

- Health Care Service
- Access
- Physician
- UM
- Benefits
- Claims
- Pharmacy
- Member Services
- Other

**RESOLUTION:**

MEMBER NOTIFIED DATE: \_\_\_\_\_