

FORMAL COMPLAINT BY PROVIDER

Provider's Name	
Program Manager	
Agency	
Address	
Phone	
Fax	

FORMAL COMPLAINT BY PROVIDER	Forward Copy to QI Unit
Date:	
To:	
From:	
Summary and date on which issue(s) was attempted to be resolved informally (if applicable):	
Outline of formal complaint/concern including all relevant data and comments, which support issue(s). Formal complaint shall be submitted within 90 calendar days of original attempt to resolve issues(s) informally. Attach any applicable document(s).	