Community Health Choice Inc.
Member Complaint Form

(This form must be completed and returned for prompt resolution of your complaint)

Please print the following information:

Name of person completing form and their relationship to Community Member: _____

Name of Member: _____

Member ID Number: _____

Address of the Community Member: _____

_____

_____

Telephone Number: _____

Reason for Complaint:

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Signature of Person Completing Complaint Form Date