



Member Grievance Form

At Alameda Alliance for Health (Alliance) your satisfaction is important to us! If you have a problem with the Alliance, you have the right to make a complaint. This is also called filing a grievance.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below. You can attach extra pages if needed.
2. Please submit the completed form by mail or in person:
 - a. Mail: Alameda Alliance For Health, Attn: Member Services, PO Box 2818, Alameda, CA 94501-0818
 - b. In person: 1240 South Loop Road, Alameda, CA 94502
(Lobby Hours: Tuesday, Wednesday, and Thursday, 9 am – 11 am and 2 pm – 4 pm)

If you have questions, or if you need help with this form, please contact:

Alliance Member Services Department, Monday – Friday, 8 am – 5 pm
 Phone Number: **1.510.747.4567** · Toll-Free: **1.877.932.2738**
 People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**
www.alamedaalliance.org

SECTION 1: MEMBER INFORMATION	
Last Name: _____	First Name: _____
Date of Birth (MM/DD/YYYY): _____	Alliance Member ID #: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell
<i>If another person is filling out this form:</i>	
Name of Person Filing Grievance: _____	Phone Number: _____
Where Incident Occurred: _____	Date Incident Occurred: _____
Please describe the problem you had: _____	
How have you tried to resolve this problem? _____	
What do you think is a good solution to your problem? _____	

SECTION 2: SIGNATURE	
Full Name (Print): _____	
Signature: _____	Date: _____

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-510-747-4567** and use your health plan’s grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department’s internet website www.dmhca.gov has complaint forms, IMR application forms, and instructions online.