



Molina Healthcare of Mississippi Member Complaint/Grievance Request Form

Instructions for filing a complaint/grievance:

1. Fill out this form completely. Describe the issue(s) in as much detail as possible.
2. Attach copies of any records you wish to submit. (Do not send originals).
3. If you have someone else submit on your behalf, you must give your consent (permission) in writing below.
4. You may submit the completed form through one of the following ways:
 - a. Mail to the address listed below;
 - b. Fax to the fax number below; or
 - c. Present your information in person. To do this, call us at the number listed below.

Molina Healthcare cannot promise that the way you submit this form to us is a secured method. For example, submitting this form via mail or fax may not be secure.

Molina will send you an acknowledgement letter when we get your complaint/grievance. We will mail the letter to you within five (5) calendar days of getting your request.

Member's name: _____ Today's date: _____

Name of person requesting complaint/grievance, if other than the Member: _____

Relationship to the member: _____

Member's ID #: _____ Daytime telephone #: _____

Specific issue(s): _____

(Please include all details related to your complaint/grievance, including provider name(s), date(s), and location(s). You can attach another sheet of paper to this form if you need more space.)

By signing below, you agree that the information provided is true and correct. If someone else is completing this form for you, you are giving written consent (permission) for the person named above to submit this complaint/grievance on your behalf.

Member's Signature: _____ Date: _____

If you would like help with your request, Molina can help. We can help you in the language you speak or if you need other special support for hearing or seeing. You can call, write or fax us at:

Molina Healthcare of Mississippi
Attn: Grievance & Appeal Department
188 E. Capitol Street, Suite 700
Jackson, MS 39201

Molina Healthcare Member Services:
(844) 809-8438
Hearing Impaired TTY/TDD: 711
Fax Number: (844) 808-2407