Grievance (Complaint) Form

Section A: Member Information

Last Name	First		Initial
Date of Birth (MM/DD/YY)	Date of Incident		
Address	City	State	Zip
Evening Phone Number	Daytime Phone Number	Contact Hours (Please specify when you prefer to be called)	
Please Check One: ☐ Medi-Cal ☐ Marketplace	Member Number		

Section B: Please give a simple reason for your complaint:

Section C: Signature

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature _____ Date _____

If the complaint is filed by a personal representative on behalf of the individual, complete the following and check the appropriate box.

Print Name of Personal Representative: _____

Signature of Personal Representative _____ Date _____

☐ Parent of Minor Child ☐ Legal Guardian ☐ Power of Attorney ☐ Executor/Conservator
☐ Other _____

Please return this form to: Molina Healthcare of California
Attn: Member Appeals and Grievance
200 Oceangate, Suite 100
Long Beach, CA 90802 or
Fax (562) 499-0757

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 **1-888-665-4621, TTY users dial 711** 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 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-HMO-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.