MEMBER GRIEVANCE FORM

LINE OF BUSINESS INVOLVED *(check all that apply)*

- ☐ Access Behavioral Care
- ☐ Accountable Care Collaborative
- ☐ CHP+ offered by Colorado Access
- ☐ CHP+ State Managed Care Network

MEMBER INFORMATION

Member name:

Member ID number:

Name of member's guardian (if applicable):

Phone:

DESCRIPTION OF PROBLEM *(if needed, write on the back of this form or add another page)*

Date(s) of incident:

Person(s) or provider(s) involved:

Please explain:

Mail to:
Grievance and Appeals Department
Colorado Access
PO Box 17950
Denver, CO 80217-0580

To speak with someone directly, call our Grievance Department at 877-276-5184.
TTY/TDD users call 888-803-4494.

If you need this document in large print, Braille, other formats, or languages, or read aloud, or need another copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.