

# MEMBER GRIEVANCE FORM

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

- Child Health Plan *Plus* (CHP+) offered by Colorado Access
- Regional Accountable Entity (RAE)

## MEMBER INFORMATION

Member name:

Member ID number:

Name of member's guardian (if applicable):

Phone:

Email address:

## 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:

Colorado Access Grievance Department

PO Box 17950

Denver, CO 80217-0580

To speak with someone directly, call our grievance team at 800-511-5010.

TTY/TDD users: call 888-803-4494.

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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.

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