

MEMBER GRIEVANCE FORM

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.

You can also email our grievance team at grievance@coaccess.com.



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.

