



Grievance Procedure Processing Form My Care Alabama East

If you are unhappy with your services, you have the right to file a complaint or grievance. You are a valued customer of our agency, and we want to continue to serve you. Every effort will be made to resolve your complaint or problem.

The grievance process is in place to address complaints regarding, but not limited to dissatisfaction with your My Care case manager or other My Care staff members, complaints related to PCPs/MCPs or their staff members, or denial of Care Coordination services. All such complaints or grievances will be treated on a strictly confidential basis and addressed in a timely manner.

Section 1: To be Completed by Recipient

Recipient Name: _____ Medicaid Number: _____

Phone Number: _____

Address: _____

Care Manager: _____ Doctor: _____

Statement of Incidence, problem, or complaint (attach additional pages if needed):

Recipient Signature: _____ Date: _____

Section 2: To be Completed by PCCM-e

Action Taken to Resolve Grievance (attach additional pages if needed):

QCD Signature: _____ Date: _____