

My Complaint Worksheet



Keep track of dates, responses and other information about your complaint below.

My problem: _____

Date problem happened or date I became aware of it: _____

Steps I have taken to solve the problem: _____

I talked to my doctor on: _____ My doctor said: _____

I talked to my health plan on: _____ My plan said: _____

Other steps: _____

I filed a complaint with my plan:

Date filed: _____ by: phone mail fax or e-mail/on-line form

My complaint was urgent.

My plan said that I would get a response by this date: _____

My plan's response to my complaint: _____

If your plan did not respond in the time limit or you are not satisfied with the response, call the Help Center at 1-888-466-2219 or visit www.dmhc.ca.gov to file a complaint online.

I contacted the Help Center on: _____

I filed a complaint, which may include an Independent Medical Review (IMR), on: _____

I was told that I would get a response about my complaint by this date: _____

I was told that my complaint was referred to this office or department: _____

I received a decision on my complaint:

My complaint was decided in my favor. My plan must comply by this date: _____

My complaint was NOT decided in my favor. If I want to take my complaint further, I can do the following:

This worksheet is not an official complaint form.