



Recipient Grievance Form

When do I use this form?

When you have a complaint regarding the following:

- Dissatisfaction with case manager or other ACN Southeast staff;
- Complaints related to your physician or health care provider;
- Denial of care coordination services; or
- Other concerns about your health care

Recipient Medicaid ID	
Name (Last, First)	
Date of Complaint	
Summary of Complaint	
To be completed by ACN Southeast Staff	
Complaint Resolution	
Date of Resolution	
ACN Southeast Employee Handling Complaint	

Please send this form to one of the following:	
Mailing address:	1445 South College Street, Suite 300, Auburn, AL 36832
Email address:	acnsoutheast@uabmc.edu
Fax number:	334-466-4609

A recipient can ask for help from ACN Southeast to file a grievance or complaint at 1-833-296-5246.