



Recipient Grievance Form

When do I use this form?

When you have a complaint regarding the following:

- Dissatisfaction with case manager or other ACN Mid-State 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 Mid-State Staff	
Complaint Resolution	
Date of Resolution	
ACN Mid-State Employee Handling Complaint	

Please send this form to one of the following:

Mailing address:	417 20 th Street North, Suite 1100, Birmingham, AL 35203
Email address:	acnmidstate@uabmc.edu
Fax number:	205-449-9759

A recipient can ask for help from ACN Mid-State to file a grievance or complaint at 1-833-296-5245.