



## 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

<b>Recipient Medicaid ID</b>	
<b>Name (Last, First)</b>	
<b>Date of Complaint</b>	
<b>Summary of Complaint</b>	
<b>To be completed by ACN Mid-State Staff</b>	
<b>Complaint Resolution</b>	
<b>Date of Resolution</b>	
<b>ACN Mid-State Employee Handling Complaint</b>	

<b>Please send this form to one of the following:</b>	
<b>Mailing address:</b>	417 20 <sup>th</sup> Street North, Suite 1100, Birmingham, AL 35203
<b>Email address:</b>	acnmidstate@uabmc.edu
<b>Fax number:</b>	205-449-9759

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