Community Health Choice Inc.
Member Appeal of Complaint Resolution Form

(This form must be completed and returned for prompt resolution of your Appeal of Complaint Resolution)

(PLEASE CHECK ONE)
I would like my complaint reviewed by a Complaint Appeal Panel:_____
I want to appear, in person, before a Complaint Appeal Panel:_____

Please print the following information:

Name of person completing form and their relationship to Community Member: _____

Name of Member: _____

Member ID Number: _____

Address of the Community Member: _____

Telephone Number: _____

Briefly describe your Appeal:

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Signature of Person Completing Appeal Form Date