

# Grievance Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SW#: \_\_\_\_\_ Plan:  GovGuam  Commercial – Effective Date: \_\_\_\_\_

Employer/Agency: \_\_\_\_\_ Customer Care Rep: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Contact #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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## DETAILS OF COMPLAINT

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**Release of Confidentiality:** My signature below indicates that StayWell has my permission to discuss the details of my or my minor enrolled dependents' concerns or grievances to all parties involved in order to resolve these issues.

\_\_\_\_\_  
Member's Signature (Parent/Guardian if a minor)

\_\_\_\_\_  
Date

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## FINDINGS AND PROPOSED RESOLUTIONS

\_\_\_\_\_  
StayWell Department Head (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participating Provider (if applicable)

\_\_\_\_\_  
Date

Medical Group Administrator