

Grievance

FORM



A grievance is any formal verbal or written expression of dissatisfaction by a Member or a Member's Authorized Representative that requires follow up and/or investigation. Use this form to send in a written complaint or grievance about any issue that cannot be appealed. Please attach additional sheets if necessary.

Last Name		First Name	
Member Number	Subscriber		Effective Date
Employer		Name of StayWell Representative that assisted you	
Home Phone ()	Work Phone ()		Cell Phone ()
Email Address			

DETAILS OF GRIEVANCE

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/AUTHORIZED REPRESENTATIVE SIGNATURE
(Parent/Guardian if a minor)

DATE SIGNED

INTERNAL USE ONLY

Grievance

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Last Name		First Name	
Member Number	Subscriber		Effective Date

IDENTIFY/RECOMMEND OPPORTUNITIES FOR IMPROVEMENT

FINDINGS AND PROPOSED SOLUTIONS

STAYWELL INSURANCE DEPARTMENT HEAD

DATE SIGNED

QUALITY ASSURANCE MANAGER

DATE SIGNED