

Rocky Mountain Health Plans Member Complaint Form

Complaint is being filed for:

Member Name: _____

Address: _____

Telephone: _____

Member Identification No.: _____

Relationship to Member: self other

Member Name: _____

Address: _____

Telephone: _____

Member ID number or Medicaid number: _____

Nature of Complaint (please describe in detail):

Mail to:

Rocky Mountain Health Plans
Member Concerns Coordinator
2775 Crossroads Blvd.
P.O. Box 10600
Grand Junction, CO 81502-5600

You must send us your complaint within 20 days from the date of the event you want to complain about or RMHP's action. You can get special help making a complaint if you are disabled, have a communication barrier, or if you don't speak English.

Call Customer Service at 888-282-8801. We can give you information about complaints. We can also fill out the form for you.

- If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.
- Para asistencia en español llame al 888-282-8801.
- For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

Member Signature: _____

Date: _____