

Community Health Choice Inc.  
Member Complaint Form

(This form must be completed and returned for prompt resolution of your complaint)

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:

---

Reason for Complaint:

---



---



---



---



---



---



---



---



---



---



---

\_\_\_\_\_

Signature of Person Completing Complaint Form

\_\_\_\_\_

Date