



Telligen Complaint Form

Complaint: An external expression of dissatisfaction requiring management intervention					
Name of Complainant:	Complainant Contact Information:				
Date Complaint Received at Telligen:	Date Complaint Resolved:				
Department:	Case ID Number and Client Name:				
Staff Member Complaint Against:	Name of Person Completing Complaint Form:				
State of Occurrence:	State/Legal Issue: (if state issue-forward to Telligen Compliance Dept)				
	<p>By checking the appropriate box, indicate if this is a legal complaint (coming from or referring to an attorney or other legal officer) or a state complaint (coming from a state department of insurance or the State Commissioner's office)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">State</td> </tr> <tr> <td style="width: 40px; height: 20px;"></td> <td style="width: 40px; text-align: center;">Legal</td> </tr> </table>		State		Legal
	State				
	Legal				

Subject of Complaint:

Check all that apply:

<input type="checkbox"/>	A	Administration/Telligen Policies
<input type="checkbox"/>	CS	Customer Service
<input type="checkbox"/>	F	Facility (i.e. Hospital, HHC Agency, DME, etc)
<input type="checkbox"/>	AP	Attending Physician
<input type="checkbox"/>	PR	Physician Review
<input type="checkbox"/>	C	Client (complaint about the client or client's process, these issues must be forwarded to the client)
<input type="checkbox"/>	M	General Medicaid Complaints (benefits and services)

Reason for Complaint:**Resolution:**

Check the box that indicates the resolution status, enter the date of the resolution if applicable

	Status	Date
<input type="checkbox"/>	Resolved	
<input type="checkbox"/>	Not Resolved	
<input type="checkbox"/>	Pending	

How Complaint was Resolved:**Date Form received and reviewed by Program Director:****Date Program Director discussed complaint at Corporate Compliance Committee Meeting:****Do not write below this line: Management purposes only****Date External Complaint Referred:****Name of Entity Complaint Referred to:**

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A composite report will be prepared and forwarded to the Corporate Management Committee and the Corporate Compliance Committee