



Member Complaint Form

Member Name		Date	
Account No.		Received By	

STATEMENT OF CONCERN

Investigated By	Date	Discussed With	Discussed With

Findings Are

- | | |
|--|--|
| <input type="radio"/> Area of concern primarily affects this member | <input type="radio"/> Area of concern affects (or could potentially affect) entire membership |
|--|--|

Action Steps

Routed To:	CEO	COO	BOARD	Other:
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Plan of Action

Letter sent to Member?	YES	NO
Resolved to Member's satisfaction?	YES	NO
Tracker Entered on (Date)		By (Employee)