



## Complaint Form – Instructions for Filing a Complaint

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- Step 1: Please include as much information as possible when submitting your complaint. Report a concern as soon as possible since it will be easier for you to recall the facts and will assist the investigation in gathering important information.
- Step 2: Following receipt of your complaint, a representative from Optum or the State of Alaska may contact you about your concerns or for more information, if needed.
- Step 3: At the end of the complaint review, you may be notified of the results if you provide your contact information in Section 1 on the complaint form. However, if you are a provider or someone else filing a complaint for a Medicaid Participant and do not have the Medicaid Participant’s permission to file a complaint on his/her behalf, you will not be notified of the outcome of the investigation. Also, due to the confidential nature of some complaint types (such as quality of care concerns), the results may not be reported back to you.

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### Section 1. Complainant (who is filing the complaint)

**Check box below if you do not wish your name to be used in the investigation.** *(You can remain anonymous but, if you choose to reveal your telephone number and/or address, we will not release it to the Provider/Agency.)*

Complainant Full Name

Participant Medicaid ID (if applicable):

\_\_\_\_\_  
Participant Full Name \*

\_\_\_\_\_  
 \* Participant is Complainant

\_\_\_\_\_  
Complainant Address:

Telephone:

Email:

\_\_\_\_\_

\_\_\_\_\_

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## Section 2. Complaint Information

Complaint is against:  Provider/Agency  Optum  Other

If the complaint is against a Provider/Agency, please complete the fields below:

Provider/Agency Name: \_\_\_\_\_

Telephone Number (if known): \_\_\_\_\_

Address (if known): \_\_\_\_\_

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## Section 3. Participant Information

What is your relationship to the Participant?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Self         | <input type="checkbox"/> Family Member              |
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Guardian/Power of Attorney |
| <input type="checkbox"/> Anonymous    | <input type="checkbox"/> Provider/Agency            |
| <input type="checkbox"/> Other: _____ |   |

Has the Participant given you permission to file a complaint on his/her behalf (proof must be provided)?

- No  Yes

If you are not the Participant's legal guardian/PoA and the Participant has not given you permission to file a complaint on his/her behalf, you will not be given details of the outcome of the complaint investigation.

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## Section 4. Complaint Detail

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

In the space below, please describe the incident in as much detail as possible. You may attach additional pages or supportive documents, if needed.

