

Sample Letter of Complaint with Health Plan

Your Address
Your City, State, Zip Code

Date

Grievance Department
Health Plan Name
Street Address
City, State, Zip Code

Dear Sir or Madam:

The purpose of this letter is to inform you of my problem with _____ [Explain the problem you are having]. My policy number is _____.

My complaint concerns _____ [the reason for your complaint]. In order to solve my problem, I would like _____ [the specific action you want the plan to take]. I look forward to your reply and a resolution of my complaint.

Sincerely,

Your Name

Enclosures
[Include copies of all related records. Do not send originals.]