**OPTUM Concern/Complaint Reporting Form**

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| **Date:** | **Provider Name:** |

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| **Name of Person Filing Complaint/Concern**  **Phone number:**  **E-mail:**  **Preferred Contact Method:** | **Name of Provider/Agency**  **Address:**  **Phone number:** |

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| **What are the details of your concern (Please include dates and specifics)?** |
| **What steps have you taken to address the issue?**  **Additional Comments:** |