**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:** |