



UMPQUA HEALTH ALLIANCE

Umpqua Health Alliance (UHA) Complaint Form

As a UHA member, you can file a complaint at any time by phone or in writing. This can be about any part of your care under the Oregon Health Plan. You may do this yourself, or if you give written permission, someone else can do it for you. If you would like to file a complaint, you can write a letter and/or fill out this form below and send it back to:

UHA, 500 SE Cass Ave. Suite 101, Roseburg, Oregon 97470

Name:	Member OHP ID# or date of birth:
Members Name (if you are not the member):	Phone Number: <input type="checkbox"/> OK to leave voicemail

What happened? When did it happen? Who was involved? (Attach any documents such as notice, denials of service, doctor's bills, etc. messages between the member and others such as DHS/OHA or the CCO, which might help us research the complaint. If you need more space write on the back, or attach another piece of paper).

What do you want us to do about this?

If you need help filling out forms, need the notice in another language, large print, Braille, CD, tape or another format, or need an interpreter, call Customer Care at 541-229-4842; Toll Free: 866-672-1551; TTY: 541-440-6304 or 711, Monday to Friday 8am to 5pm.