

Complaint Form

As a Umpqua Health Alliance 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: 3031 NE Stephens St, Roseburg, OR 97470

Umpqua Health Alliance Member Information

Legal Name: _____

OHP ID# or Date of Birth: _____

Name (if you are not the member): _____

Phone Number: _____

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).

Narrative:

What do you want us to do about this?

Narrative:

LANGUAGE SERVICES
Alternative Languages

You can get this document in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. You can get help from a certified or qualified health care interpreter. Call 888-788-9821 or TTY #711#. We accept relay calls.

SERVICIOS DE IDIOMAS
Idiomas Alternativos

Usted puede obtener este documento en otros idiomas, en letra grande, braille o en el formato que prefiera. Puede obtener ayuda de un intérprete certificado o calificado en atención de salud. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 541-229-4852 o TTY #711#. Aceptamos todas las llamadas de retransmisión.



Learn More

[umpquahealth.com/
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