

Cardinal Innovations Healthcare Grievance Form

Return completed form to: Cardinal Innovations Healthcare, Attn: Quality Management Department
550 South Caldwell Street, Suite 1500, Charlotte, NC 28202

Today's Date _____

If you wish to remain anonymous, you do not need to fill out your contact information below.

Please check this box if you wish to remain anonymous.

Contact Information (if not Anonymous):

Your Name _____

Mailing Address _____

City/State/ZIP _____

Phone _____ Email _____

Grievance Source:

- Consumer Stakeholder Family Member Anonymous
 Parent/Guardian MCO Staff Provider Consumer Advocate/Representative
 DMH/DD/SAS State Agency Attorney Other _____

Details of your Grievance: Include details such as full names, dates, times and specific issues. Use the back of this page and/or additional sheets if needed.

Desired Resolution: What would you like to see happen as a result of this Grievance? Use additional sheets if necessary.

