

OHSU Health Services Complaint Form

Name of person filing complaint	Phone		
Address	City	State	ZIP
Patient name	Client ID	Group ID	
Name of provider involved	Phone		
Address	City	State	ZIP
Name of provider involved	Phone		
Address	City	State	ZIP
Date(s) of service			

Please type or write your complaint on the next page. Attach more pages if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ **Date:** _____

Upon receipt of your complaint, OHSU Health Services will mail you an acknowledgement letter.

Nondiscrimination notice

We follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

Everyone has the right to know about our programs and services. All members have a right to use our programs and services. We give free help when you need it. Some examples of free help we can give are:

- ✓ Sign language interpreters
- ✓ Spoken language interpreters for other languages
- ✓ Written material in other languages
- ✓ Braille
- ✓ Large print
- ✓ Audio and other formats

If you need any of the above, please call customer service at:

844-827-6572 (TTD/TTY 711)

If you think we did not offer these services or treated you unfairly, you can file a written complaint. Please mail or fax it to:

OHSU Health Services
Attention: Appeal Unit
PO Box 40384
Portland, OR 97240
Fax: 503-412-4003

Nick Gross coordinates our nondiscrimination work:

Nick Gross,
Chief Compliance Office
PO Box 40384
Portland, OR 97240
503-952-5033
compliance@modahealth.com

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office or Civil Rights at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at
<https://hhs.gov/ocr/office/file/index.html>



Health Share of Oregon

OHSUHealth
Services

OHSUHealth
Services