CenCal HEALTH®
Local. Quality. Healthcare.

GRIEVANCE FORM

Send to: CenCal Health
Member Services Department
4050 Calle Real
Santa Barbara, CA 93110
Fax: 805-692-1684 Toll-Free Telephone Number 1-877-814-1861

Member Name:	Birth Date:	Medi-Cal/CIN ID Number:
Street Address:		
City	State	Zip
Telephone:		
Name of Provider:		
Description of your Grievance (complaint). Please provide a complete description including: dates, times, places and names. Use second sheet or backside if needed.		
Signature of Person Filling Out Form:		Date: