New Jersey Department of Banking and Insurance
Office of Managed Care
PO Box 329
Trenton, NJ 08625-0329
Toll-Free Number: 1-888-393-1062

FOR STATE USE ONLY
Date Rec'd
File No
Category
Invest.

COMPLAINT

Instructions: Please print or type this entire form, and mail to the address listed above. The form must be signed and dated.

Name of Complainant	Type ☐ Consumer ☐ Provider
Name of Carrier	Member ID Number
Subscriber Name	Subscriber ID Number
Street Address of Complainant	Telephone Number (Home)
City County State Zip Code	Telephone Number (Business)
On Behalf Of (if same as above, write "SAME")	E-mail Address

Coverage is Through:
☐ Work ☐ NJ Family Care ☐ Medicare ☐ Federal Government
☐ Individual ☐ Medicaid ☐ NJ State Health Benefits

Details of Complaint (Include copies of documents and correspondence that you believe will assist us in our inquiry. Do not use the back of this form; however, you may attach additional pages if necessary.)

Have you utilized the Carrier's Internal Complaint/Grievance Appeal Process? ☐ Yes ☐ No

In order to assist the Department in our inquiry of your complaint, we request that you sign and date the following authorization for the release of information:

I understand that a copy of this form and any enclosures may be sent to the carrier named in the complaint and I authorize the release to the New Jersey Department of Banking and Insurance any medical and/or administrative records pertinent to this complaint.

Signature of Complainant	Date