

**Member Grievance or Complaint Form**

County Medical Services Program (CMSP) members may use this form to file a written grievance or complaint regarding any aspect of our services **not** related to an action, medical procedure, or authorization for service. Members or their representative may submit grievances or complaints orally to Advanced Medical Management, Inc. (AMM) Customer Service at 1-877-589-6807. You may also complete this form, attach any related documents, and mail or fax the completed form and documents to:

**CMSP- Advanced Medical Management**  
**Attn: Customer Service - Grievances**  
**5000 Airport Plaza Drive, Suite 150**  
**Long Beach, CA 90815**  
**Fax (562) 766-2006**

Member Name: \_\_\_\_\_

Member ID-CIN# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information about the Grievance**

This information becomes part of your permanent record; write clear and legible.

Date of Incident: \_\_\_\_\_

Describe what happened. Attach additional pages if necessary.

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**Signature of Member**

**X** \_\_\_\_\_ Date: \_\_\_\_\_

To file an appeal regarding medical benefits that are denied, reduced, or terminated in whole or in part, you may complete a Member Appeal form located on AMM's website at <http://cmsp.amm.cc/members/>.