

Complaint Form



To report concerns by phone, get help filing a grievance, or to get more info, contact our Grievance Specialist at 833-257-2192 (TTY/TDD: 711).

You can send this form by email, mail, or fax to:

- Email: complaints@yamhillcco.org
- Fax: 503-765-9675
- Mail: Yamhill Community Care Organization
Attn: Grievance Specialist
PO Box 5490
Salem, OR 97304

You do not have to use this form, you can send a letter or put your complaint in an email.

Your name:	Your phone number:
Member's name (if you are not the member):	Member's OHP ID number or date of birth:
What happened? When did it happen? Who was involved? <i>(Attach any documents such as notices, denials of service, doctor's bills, etc., letters between the member and others that may help us investigate the complaint.)</i>	
What do you want us to do about this?	
Attach additional pages or documents if needed.	

NOTICE: If you do not agree with a denial you received for OHP services, you will need a different form. To learn more, visit our website <https://yamhillcco.org/members/benefits-and-rights/>