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 in denials of service, doctor's bills, etc., letters between investigate the complaint.)	
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/