

Complaint Form – Instructions for Filing a Complaint

- Step 1: Please include as much information as possible when submitting your complaint.

 Report a concern as soon as possible since it will be easier for you to recall the facts and will assist the investigation in gathering important information.
- Step 2: Following receipt of your complaint, a representative from Optum or the State of Alaska may contact you about your concerns or for more information, if needed.
- Step 3: At the end of the complaint review, you may be notified of the results if you provide your contact information in Section 1 on the complaint form. However, if you are a provider or someone else filing a complaint for a Medicaid Participant and do not have the Medicaid Participant's permission to file a complaint on his/her behalf, you will not be notified of the outcome of the investigation. Also, due to the confidential nature of some complaint types (such as quality of care concerns), the results may not be reported back to you.

Section 1. Complainant (who is filing the complaint)

Check box below if you do not wish your name to be used in the investigation. (You can remain anonymous but, if you choose to reveal your telephone number and/or address, we will not release it to the Provider/Agency.)

Complainant Full Name	Participant Medicaid ID (if applicable):
Participant Full Name *	* Participant is Complainant
Complainant Address:	
Telephone:	Email:

	Section 2. Comp	laint Information	
Complaint is against:	☐ Provider/Agency	☐ Optum	Other
If the complaint is against a Provider/Agency, please complete the fields below:			
Provider/Agency Name	e:		
Telephone Number (if known):			
Address (if known):			
	Section 2 Portion	nant Information	
Section 3. Participant Information What is your relationship to the Participant?			
Self	np to the Fartioipant.	Family Member	
Friend		☐ Guardian/Power	of Attorney
Anonymous		☐ Provider/Agency	-
Other:			
Has the Participant given you permission to file a complaint on his/her behalf (proof must be provided)?			
☐ No ☐ Ye	S		
If you are not the Participant's legal guardian/PoA and the Participant has not given you permission to file a complaint on his/her behalf, you will not be given details of the outcome of the complaint investigation.			
Section 4. Complaint Detail			
Date of incident:	Tiı	me of incident:	
In the space below, please describe the incident in as much detail as possible. You may attach additional pages or supportive documents, if needed.			

Section 5. Reporting of the Complaint		
Did you report this complaint to the Provider/Agency? No Yes (If "Yes", please complete Section 5 in its entirety.)		
Date the complaint was reported to the Provider/Agency:		
Name & title of staff who received the complaint:		
In the space below, describe any action taken by the Provider/Agency:		
Did you report this complaint or incident to any other agency? Ombudsman Law Enforcement Agency Adult Protective Services Attorney General Other: Please submit this completed form by:		
Secure Email: ak_appeals_complaints@optum.com Secure Fax: 855.780.0928		
This section for administrative purposes only		
Date complaint received:		
Identification number:		