



Coventry Grievance Form
(Please **PRINT** Clearly)

DATE:	INITIATOR'S NAME:	INITIATOR'S PHONE #: ()
CLIENT NAME:		EMPLOYER NAME:
INJURED WORKER'S NAME (FIRST, M, LAST):	DATE OF INJURY:	SSN#:
PROVIDER NAME (FIRST, M, LAST or Facility Name):	PROVIDER TITLE:	PROVIDER PHONE #: ()
PROVIDER OR FACILITY ADDRESS (Street, City, State and Zip):		
PROVIDER OR FACILITY TAX ID #:	DATE OF DISSATISFACTION:	

Please describe your complaint in detail below. Include dates, names, and the specific resolutions which you feel might remedy the situation. **PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.**

THIS ISSUE INVOLVES: Service _____ Medical Care _____ Other _____

REQUESTED ACTION:

SIGNATURE:

FORWARD FORM TO : Coventry QI, Complaints & Grievances, 5210 E. Williams Circle, Suite 220, Tucson, AZ 85711
E-mail: complaintsandgrievances@cvty.com / Phone Number 800-262-6122