



Oregon Health Plan Complaint Form

If you are enrolled in a coordinated care organization (CCO), please call your CCO first with any complaints.

If you still have a complaint about Oregon Health Plan (OHP) services, fill out this form and send it to OHP Client Services, PO Box 14015, Salem OR 97309.

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? (Attach any documents such as notices, denials of service, doctor's bills, etc., correspondence between the member and others such as DHS/OHA or the CCO, which might help us investigate the complaint.)	
What do you want us to do about this?	
For complaints about OHP's phone service, also tell us the following:	
The day and time of the call:	
The number you called (select one):	<input type="checkbox"/> 800-699-9075 or <input type="checkbox"/> 800-273-0557
How long did you wait?	Who took your call?
Why did you call?	
Attach additional pages, 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 Complaints and Appeal page at OHP.Oregon.gov (click "Complaints and appeals").