ENROLLEE COMPLAINT FORM

ENROLLEE INFORMATION
Name _____ Please Print or Type Last First Middle Initial Address _____ City _____ State _____ Zip _____ Phone: Day (____) _____ Evening (____) _____ E-mail Address: _____
EXPLAIN YOUR COMPLAINT IN DETAIL (Use additional pages if necessary): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
SIGNATURE
I affirm that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals. Signature _____ Date _____

Please complete and sign this form and mail or hand-deliver the form to:

CurrentCare
Rhode Island Quality Institute
50 Holden Street, Suite 300
Providence, RI 02980