



For RIQI Use Only

CurrentCare Complaint Form

Please enter your contact information and description of the complaint.

Complainant's Name
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

I am: the patient a medical provider for the patient listed below:
 a parent or guardian or an authorized representative for:

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City: _____ State _____ Zip _____

EXPLAIN YOUR COMPLAINT IN DETAIL (Use additional pages if necessary). If your complaint involves a provider participant, RIQI will notify the provider participant.

SIGNATURE

I affirm that the information contained in this complaint is true and accurate, and that any attached documents are true and accurate copies of the originals.

Signature: _____ Date: _____

Directions for completing and submitting the CurrentCare Complaint Form:

- Please complete page 1 of the form; attach extra pages if needed. If you need assistance completing the form, please call RIQI Client Services at 888-858-4815.
- Sign and date the form
- You may submit the form directly to the Rhode Island Quality Institute by mailing it to:

**Rhode Island Quality Institute
Attn: Compliance Officer
315 Iron Horse Way, Suite 102
Providence, RI 02908**

- You may also submit the form to your provider who should then mail it to the Rhode Island Quality Institute at the address above.

To submit the form via email:

- Scan the completed form and email it to: CurrentCare@riqi.org

To make a complaint by phone:

- Call 888-858-4815 to speak to one of our Client Services Representatives who will record your complaint, complete the form for you, and forward it to RIQI's Compliance Officer.

You may also file a complaint directly with the Rhode Island Department of Health by calling 401-222-5960 or by completing the RI Department of Health Complaint Form here: <https://health.ri.gov/complaints/submit.php>