

Member Grievance Form Instructions

We understand that you wish to file a complaint. FamilyCare Health Plans would be happy to assist you with this process.

- Your grievance must be filed no later than 60 days after the event or incident that precipitates the grievance.
- Complaints may be submitted orally or in writing. To file an oral grievance, please call 866-798-2273, Monday – Friday 8:00 a.m. – 5:00 p.m.
- All grievances submitted in writing will be responded to in writing. If you wish to file a written grievance, please fill out this form as completely as possible and mail to

FamilyCare Health Plans, Inc.
2121 SW Broadway Suite 300
Portland, OR 97201

or fax to 503-222-2392.

- Signing this form gives us permission to request records or other information that may be needed to investigate your complaint.
- If your grievance is time-sensitive, or you wish to request an expedited (or “fast”) grievance, please call 866-798-2273, Monday – Friday 8:00 a.m. – 5:00 p.m.
- FamilyCare Health Plans will investigate your grievance and notify you of its decision no later than 30 days after it receives your written or oral grievance.
- If you need assistance, please call 866-798-2273, Monday – Friday 8:00 a.m. – 5:00 p.m.