

Please detail the steps you took to try to resolve the problem.

Please supply any other information to clarify this grievance/complaint.

Signature

Date

Please send this completed form to: MassHealth Operations
Attn: Laura Basso
100 Hancock Street, 6th floor
Quincy, MA 02171

For Office Use Only

Assigned to: _____ Log number: _____

Final resolution: _____

Date resolved: _____