



### Member Complaint Form

Please complete and sign this form. Return it to Amerigroup in the enclosed postage-paid envelope. **You must send us this form so that we can review your complaint.** We will look into your concerns and let you know what we find.

Please call Amerigroup if you need help completing this form. Call Member Services toll-free at 1-844-756-4600. If you are deaf or hard of hearing, call 711.

Member Name:	
Amerigroup Member ID #:	
Medicaid or CHIP ID #:	
Date of Birth:	

Tell us about your complaint (please give dates and names; use extra paper, if needed):

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Your Signature:		Date:	
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