

EOCCO complaint form



Name of person filing complaint	Phone		
Address	City	State	ZIP
Patient name	Client ID	Group ID	
Name of provider involved	Phone		
Address	City	State	ZIP
Name of provider involved	Phone		
Address	City	State	ZIP
Date(s) of service			

Please type or write your complaint on the following page.
Attach additional pages if needed.

Complaint:

You may include any letters, bills or other written information to help us review your complaint.
Please sign and date this form.

Signature

Date

Upon receipt of your complaint, EOCCO will mail you an acknowledgement letter.

Ready to submit? Mail or fax this form to EOCCO:
Mail: EOCCO, Attn: Appeal Unit, 601 S.W. Second Ave., Portland, OR 97204
Fax: 503-412-4003

Questions? Contact EOCCO Customer Service toll-free at 888-788-9821.
(TTY users, please dial 711.)