



ENROLLEE COMPLAINT FORM

ENROLLEE INFORMATION

Name _____

Please Print or Type Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____ E-mail Address: _____

EXPLAIN YOUR COMPLAINT IN DETAIL (Use additional pages if necessary):

SIGNATURE

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

Signature _____ Date _____

Please complete and sign this form and mail or hand-deliver the form to:

CurrentCare
 Rhode Island Quality Institute
 50 Holden Street, Suite 300
 Providence, RI 02980

