Category of the grievance/complaint (at a															
	Y/N Flag to indicate if						Was request properly								
Grievance/C Time How was the the following: Enrollment/Disensollment;	the	Date oral	Time oral notification	Date written	Time written		identified as a grievance?								(
omplaint Grievance/C grievance/complaint Plan Benefits; Pharmacy Access; Customer	grievance/complaint	notification provided	provided to	notification of	notification of		If not, was it quickly and	Was request processed timely							
CMS was omplaint received (e.g. written Service; Coverage		to beneficiary (if no	beneficiary (if no	resolution	resolution		appropriately forwarded	and was enrollee appropriately	Did plan take						
		oral notification,	oral notification,	provided to	provided to	Description of the resolution (ensure text field is formatted so text wraps	and processed (as a CD or	notified within the required	appropriate action as a						1
Name RECN ID ID Date Received Services, etc.) Process; Other wraps and the entire field is readable)	timeframe	please indicate N/A)	please indicate N/A)	beneficiary	beneficiary	and the entire field is readable)	appeal)?	timeframe?	result of the grievance?	Pass/Fail	Comments	Condition	Criteria	Cause	Effect