

**EMPATHIA PACIFIC, INC. – Life Matters® EMPLOYEE ASSISTANCE PROGRAM**  
**5234 Chesebro Road, Suite 201**  
**Agoura Hills, CA 91301**  
**(800) 367-7474 • Fax (818) 707-0496**

**Grievance Complaint Form**

To: EAP Client/Enrollee:

The following is a Grievance Complaint Form that you may complete in order to expedite your complaint. If you need help in filling this form out, please call us at **1-800-367-7474**.

Employer [Group] Name: \_\_\_\_\_

Name of EAP Provider You Have Been Seeing: \_\_\_\_\_

State Your Complaint: (Attach additional sheets of paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Name of Employee (if applicable): \_\_\_\_\_

"The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(1-800-367-7474)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online."

Language assistance services in your preferred spoken or written language are available at no cost to you by calling 1-800-367-7474. The Plan provides interpretation services, translation of grievance forms, and a TTY line at no cost to enrollees.