



Grievances and Appeals Unit P.O. Box195429 San Juan, PR 00919-5429

Commercial Grievance Submission Form

Member Information:

First Surname	Second Surname	First Name	Contract Number	Telephone	Submission Date

Mailing Address:

Urbanization / Condominium Name	Street	House or Apartment Number	City	State	ZIP Code

Information of the Person Whom the Grievance is Against:

Name of the Person or Provider in which this Grievance is Against	Person's Title or Provider Specialty	Office or Institution	Provider Number

Description of the Event that Caused the Grievance:

Explain how the event leading up to the grievance occurred?

Certification

I certify that this document is my grievance and it contains, in my own words, the truth about the events that occurred. Also, I certify that I have been notified about fraud with submitting false grievances.

Member or Member's Authorized Representative's Signature

Customer Service Representative's Name