

Please call us right away at 541-485-2155, TTY: 711 if you do not understand this form. You can get this letter in large print, another language or any way that is best for you. You can ask for help from an interpreter. This help is free.



P.O. Box 11740
Eugene, OR 97440-3940
Phone: (541) 485-2155
Toll Free: 1 (877) 600-5472
TTY: 711

Complaint or Grievance Form

If you are unhappy with Trillium, your health care services, or your provider, you can complain or file a grievance with us by filling out this form.

Today's Date: _____

Your Name: _____

Your Phone Number: _____

Member's Name (if you are not the member): _____

Member's OHP ID number or Date of Birth: _____

What happened? When did it happen? Who was involved?

What do you want us to do about this?

We must solve your grievance or complaint and call or write you in 5 workdays. If we can't solve it in 5 workdays, we will send you a letter within 5 workdays to explain why. We may

take up to 30 days to address your complaint. We will not tell anyone about your complaint unless you ask us to. If we need even more time, we will send another letter within 5 days.

Oregon Administrative Rule (OAR) 410-141-3880 says that we cannot move forward with this grievance without written permission from the member.

Please sign this form if you want us to investigate this complaint.

If a representative is signing either for the member or on behalf of the member, please include appropriate documentation showing that they may act on behalf of the member or contact us on how to retrieve appropriate documentation.

I, _____ want _____
Print Name or Representative Name

to act for me in my Grievance.

Signature of Member (or Member Representative)

Relationship to Member

Date: _____

For more information or to request this information in another language or format, please call Member Services Toll Free: 1(877) 600-5472 or TTY: 711 or 1(877) 600-5473.

Trillium Member Services is available to answer your call directly 8:00 a.m. to 5:00 p.m., Monday through Friday. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

Send your completed form to:

**Trillium Community Health Plan (TCHP)
PO Box 11740
Eugene, OR 97440-3940**

By e-mail: grievances@trilliumchp.com

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Color
- Disability
- Gender identity
- Marital status
- National Origin
- Race
- Religion
- Sex
- Sexual orientation
- Health Status
- Need for services

You have a right to enter, exit, and use buildings and services. You have the right to get information in a way you understand. Trillium will make reasonable changes to policies, practices, and procedures by talking with you about your needs.

To report concerns, get help filing a complaint or to get more information, please contact Member Services at 541-485-2155; Toll Free: 1-877-600-5472; TTY: 1-877-600-5473, Monday through Friday, 8:00 a.m. to 5:00 p.m. You can leave a message at other times, including weekends and federal holidays. We will return your call the next business day. The call is free.

If you believe you have been discriminated against, you may also contact:

Levi Welbourne, Senior Manager, Grievance & Appeals

555 International Way, Building B

Springfield, OR 97477

Phone: 541-485-2155

Toll-free 1-877-600-5472 (TTY 711)

Email: grievances@trilliumchp.com

Web: www.trilliumohp.com/members/oregon-health-plan/for-members/member-satisfaction.html

You have a right to file a civil rights complaint with these organizations:

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

Web: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

Phone: (800) 368-1019, (800) 537-7697 (TDD)

Email: OCRComplaint@hhs.gov

Mail: Office for Civil Rights, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201

Oregon Health Authority (OHA) Civil Rights

Web: www.oregon.gov/OHA/EI

Email: OHA.PublicCivilRights@odhsoha.oregon.gov

Phone: (844) 882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division, 421 SW Oak St., Suite 750, Portland, OR 97204

Bureau of Labor and Industries Civil Rights Division

Phone: (971) 673-0764

Email: boli_help@boli.oregon.gov

Mail: Bureau of Labor and Industries Civil Rights Division, 800 NE Oregon St., Suite 1045, Portland, OR 97232

You can get this letter in another language, large print, or another way that is best for you. You can also have a language interpreter. This help is free. Call 1-844-867-1156 (TTY/TDD 711).

Puede recibir esta carta en otro idioma, en letra grande o en el formato que sea mejor para usted. También puede tener un intérprete de idiomas. Esta ayuda es gratuita. Llame al 1-844-867-1156 (TTY/TDD 711).

English:

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-600-5472; TTY: 1-877-600-5473.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-600-5472; TTY: 1-877-600-5473.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-600-5472; TTY: 1-877-600-5473.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-600-5472; TTY: 1-877-600-5473.

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بـ على رقم 1-877-600-5472، رقم هاتف الصم والبكم: 1-877-600-5473.

Somali:

OGAYSIIN: Haddii aanad ku hadal Ingiriisi, luqadda adeegyada kaalmada, bilaash ah, ayaa adiga lagu heli karaa. Soo wac 1-877-600-5472; TTY: 1-877-600-5473.

Chinese Simplified:

敬请注意：如果您不会说英文，您可以致电如下号码，获得免费的语言援助服务：1-877-600-5472；TTY：1-877-600-5473。

Chinese Traditional:

請注意：如果您不講英文，您可以致電以下號碼以獲得免費的語言支援服務：1-877-600-5472；TTY：1-877-600-5473。

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-600-5472; TTY: 1-877-600-5473.

Hmong:

សម្គាល់: ប្រសិនបើអ្នកមិននិយាយភាសាអង់គ្លេសទេសេវាជំនួយផ្នែកភាសាមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-877-600-5472; TTY: 1-877-600-5473 ។

Marshallese:

KÖJJELÄ: Elaññe kwōjab jelä Kajin Pälle, ewör riukok ñan jibañ eok l'm ejjelok wonen. Kūrlök 1-877-600-5472; TTY: 1-877-600-5473.

Chuukese:

ASINEI NGENI KEMI: Ika pwe kose kan kapas fosun Merika, angangen aninisin fosun fonu kena, ese wor momon, ra kawor ngonuk. Kori 1-877-600-5472; TTY: 1-877-600-5473.

Tagalog:

ATENSIYON: Kung hindi ka nagsasalita ng Ingles, magagamit mo ang mga serbisyong tulong sa wika nang walang bayad. Tumawag sa 1-877-600-5472; TTY: 1-877-600-5473.

German:

ACHTUNG: Wenn Sie kein Deutsch sprechen, stehen Ihnen kostenlose telefonische Sprachhilfen zur Verfügung. Rufen Sie an unter 1-877-600-5472; Fernschreiber: 1-877-600-5473.

Portuguese:

ATENÇÃO: Caso você não fale inglês, existem serviços de assistência linguística gratuitos. Ligue para 1-877-600-5472; TTY: 1-877-600-5473.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-600-5472; TTY: 1-877-600-5473. まで、電話にてご連絡ください

Українська (Ukrainian)

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером. 1-877-600-5472; TTY: 1-877-600-5473.