

**CONSENT FOR PROVIDER TO FILE A COMPLAINT OR GRIEVANCE FOR PARTICIPANT**

<b>Provider Name</b>	<b>Provider Plan ID Number</b>
<b>Provider Address</b>	<b>Name and Address of Where Complaint or Grievance Will Be Filed</b>  PA Health & Wellness Attn: Complaints and Grievances Unit 300 Corporate Center Drive Suite 600 Camp Hill, PA 17011
<b>Description of Specific Service or Item for which I agree the Provider Can File a Complaint or Grievance</b>	

<b>Name of Participant</b>	<b>Participant's Date of Birth</b>
<b>Participant ID No.</b>	<b>Participant Daytime Telephone Number</b>
<b>Participant Mailing Address</b>	<b>Participant Evening Telephone Number</b>

I, **[Name of Participant]**, agree that **[Name of Provider]** can file a Complaint or Grievance for me with PA Health & Wellness about the service or item described above.

By signing this consent form, I understand the following:

1. I or my representative may not file a Complaint or Grievance about the service or item listed in this consent form unless I or my representative takes back my consent in writing. I have the right to take back my consent at any time during

the Complaint or Grievance process by telling PA Health & Wellness and **[Name of Provider]** in writing that I do not want **[Name of Provider]** to continue the Complaint or Grievance process for me.

2. My consent to have the Provider file the Complaint or Grievance for me will automatically no longer be in effect if the Provider does not file a Complaint or Grievance or does not continue with the Complaint or Grievance through the end of the Complaint or Grievance review process.
3. I or my representative has read, or has been read, this consent form, and have had it explained to me until I understand it. I or my representative understands the information in this consent form.

\_\_\_\_\_  
**Signature of Participant or Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Witness Name**

**If the Participant is unable to sign this Consent Form because the Participant is legally incompetent:**

\_\_\_\_\_  
**Name of Person Signing on Behalf of Participant**

\_\_\_\_\_  
**Address of Person Signing on Behalf of Participant**

\_\_\_\_\_  
**Relationship of Person Signing to Participant**