

## General Complaint Form

Account Number (optional)

First Name		Last Name		Suffix
Phone Number	Email Address			
Street Address			Apt./Ste. #	
City		State	Zip Code	

### Complaint category (please check all that apply)

- Broker/Insurance Agent    Community Based Assister    Customer Service    Carrier/Insurance Company  
 Other \_\_\_\_\_

### Comments (use extra paper if you need more space to write)

**Print and mail this form to:**  
Connect for Health Colorado  
4600 South Ulster Street, Suite 300  
Denver, CO 80237

**Save and email this form to:**  
complaints@sc.connectforhealthco.com

What happens next: We will be in touch with you via phone or e-mail to discuss your complaint