

To file a formal complaint, please complete all fields in this form and send the completed grievance form to Decent by mail or email to the address listed at the end of this form. Decent will mail a written response within 30 calendar days from the date of receipt.

## MEMBER INFORMATION

Member Name:

Member ID #:

Home Address:

City:

State:

Zip:

Home Phone Number:

Date of Birth

## COMPLAINANT INFORMATION (if different from Member)

If you are not the Member, please provide your information here.

Your Name:

Company:

Relationship to Member:

Parent

Parent

Other:

Your Mailing Address:

City:

State:

Zip:

Your Phone Number:

**Please provide a summary of your complaint including all relevant details.  
You may attach additional pages (as needed).**

**If your grievance involves a claim, please additionally provide the following (if available):**

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Claim ID(s):

Date(s) of Service:

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Provider(s) and/or Facility Name(s):

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**Did you speak with a Decent representative about this issue?**

NO       YES - If yes, please provide the name of the individual that you spoke to and the date:

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Name of Rep(s):

Date(s):

If no, you may be able to resolve your issue immediately by contacting Decent at **1-866-Heart-Us** or **Support@decent.com**

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**Authorization (if submitted by someone other than the Member)**

Please note that Decent is unable to share a Member's Personal Health Information (PHI) without the express written permission of the Member via a HIPAA authorization form. Please contact Decent to get a copy of the HIPAA authorization form, which must be completed and signed by the Member.

Has the Member(s) signed a HIPAA authorization form authorizing you to speak on the Member's behalf?

NO       YES

If we do not have a HIPAA authorization on file, the written response for a grievance filed by a non-authorized party will be mailed to the Member.

Would you like us to send the response to you instead?     NO       YES

If YES, Decent will contact the Member to request they authorize you to receive this information..

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**Signature and Submission**

I acknowledge that the information contained within this form is accurate to the best of my knowledge. I have provided complete and accurate information upon which to base an investigation of the circumstances surrounding the issue. I agree to cooperate and provide any additional information necessary and/or appropriate related to this grievance. My failure to do so may result in Decent closing the investigation related to this matter.

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Signature:

Date:

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Name (Printed):

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**Please submit this completed form (Attn: Grievances) to one of the following:**

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**BY MAIL:**

Decent  
P.O. Box 4366  
Seattle, WA 98194:

**BY EMAIL:**

support@decent.com  
Attn: Grievances

**NOTICE OF NON-DISCRIMINATION:**

**Discrimination is Against the Law:**

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*Decent complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

