



Report a Complaint about Affinity

Health Care Organization Information

1. Where the incident occurred: _____
 2. The city where the incident occurred: _____
 3. The health care organization where the incident occurred: _____
- Organization Name: _____
- Address: _____
- Country: _____

Personal Information

Complete the information below if you would like Affinity to notify you about any action taken on your complaint.

Your name will be kept confidential:

I am: Anonymous A member/patient A physician A hospital Other _____

Do you wish to remain anonymous: Yes No

May we contact you if we need more Yes No

Information related to the incident?

Salutation (circle one): Mr. Mrs. Ms.

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Health Plan Name: _____

Professional Credentials: _____

Address: _____

Email: _____ Phone #: (____) _____

Your Company Name: _____

Date of Incident: _____ Time: _____

Incident Narrative: _____

Disclaimer *(Please read the disclaimer before submitting your complaint):*

When submitting a complaint to Affinity, you may either provide your name and contact information or submit your complaint anonymously. Providing your name and contact information enables Affinity to inform you about the actions taken in response to your complaint, and also to contact you should additional information be needed.

It is our policy to treat your name as confidential information and not to disclose it to any other party. However, it may be necessary to share the complaint with the subject organization in the course of a complaint evaluation.

Affinity policy forbids accredited organizations from taking retaliatory actions against employees for having reported quality of care concerns to Affinity.

Please fax this request to Affinity at (855) 220-1423 or mail to Affinity at P.O. Box 410, Newark, CA 94560.