

## El Dorado County Beneficiary Complaint Form

**Provider Name:** \_\_\_\_\_  
(Use as much space as you need below.)

Date	Beneficiary Name	Description of complaint	Date(s) of reviews/review meetings	Date any resolution reached	Description of any resolution reached

“**Date**” – date of receipt of complaint.    “**Date(s) of reviews**”- dates of reviews, or meetings where the complaint is investigated/discussed.

Submit form monthly by the 5<sup>th</sup> of the following month to: [SUDSQualityAssurance@edcgov.us](mailto:SUDSQualityAssurance@edcgov.us)