



NC Medicaid Ombudsman complaint form

If you are not satisfied with the services being provided to you by the NC Medicaid Ombudsman, you may make a complaint.

If you need help filling out this form, call the NC Medicaid Ombudsman at 877-201-3750 and ask to speak to the program manager.

I, _____, (NAME) am dissatisfied with the manner or quality of assistance I received from the NC Medicaid Ombudsman on _____ (DATE) because:

Use back of sheet or additional pages if more space is needed.

I want the NC Medicaid Ombudsman to take care of my complaint by doing the following:

I want the NC Medicaid Ombudsman to do this no later than: _____ (DATE) because:

Signature: _____

Print Name: _____

Date: _____

Mail completed form to:

NC Medicaid Ombudsman
Attn: Ombudsman Program Manager
Legal Aid of North Carolina, Inc.
P. O. Box 26087
Raleigh, NC 27611

OR

Email to:

angied@ncmedicaidombudsman.org