

CONFIDENTIAL

[insert Logo here]

Attachment 4
Address
City, State, Zip
Telephone Number
(TTY) or Hearing Impaired

LETTER FOR RESOLVED GRIEVANCE

{Date}

{Participant Name and/or Representative}
{Address}

Re: Grievance received on {Date}

Dear Mr/s {Participant Name / Representative}

This letter is to provide you with the findings of our investigation and the action taken to resolve the grievance you filed on {insert date} concerning {description of the grievance}. Please note that the personal information regarding this grievance is confidential.

Our investigation of your grievance revealed {insert findings}. The action taken in an effort to resolve your grievance is as follows: {insert summary of action taken to resolve grievance}

We trust that our action to resolve your grievance is satisfactory. At this time, we consider the grievance resolved and the case closed. However, if you are *not* satisfied with the resolution of your grievance, you have the right to further external review of your grievance. An explanation of your Grievance Review options can be found in your Member Enrollment Agreement Terms and Conditions, chapter {insert location} or in the enclosed "*Information for Participants about the Grievance Process.*"

Thank you for working with us to help resolve your grievance. If you have any questions or would like instructions regarding further review, do not hesitate to contact {Designated Individual} at {telephone} [if applicable: or toll-free at {telephone}]. For the hearing impaired (TTY), please call {telephone} during the hours of operation [add days/hours of operation].

Sincerely,

{Designated Person}
/Enclosure