

Public Partnerships LLC (PPL) strives to provide the highest quality service possible. In the event you are dissatisfied with our services, please complete this form. We will use the information on the form to provide an official response within five (5) business days.

INSTRUCTIONS

Use this form to file a **Formal Complaint** only after you have tried unsuccessfully to resolve the matter by contacting PPL's Customer Service team first.

A **Formal Complaint** is a statement of dissatisfaction about the service, actions, or lack of action by PPL. Below are examples of types of complaints:

- Complaint regarding PPL personnel
- Complaint about PPL processes (i.e. length of time to process an enrollment packet)
- Complaint about PPL's web portal - BetterOnline™

DO NOT include your or anyone else's Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN) on this form.

Click on this link: [OR FMAS Online Formal Complaint Form](#) to **submit a Formal Complaint securely online** using your smart phone, tablet, or computer. Or follow these steps:

- 1) Go to the OR FMAS program page at:
<http://www.publicpartnerships.com/programs/oregon/fmas/index.html>
- 2) Click on the Program Documents tab
- 3) Look under the 'Other Forms & Information' heading for the link titled, 'Online Formal Complaint Form'
- 4) Click on the link and complete the form.

Or, if you prefer, return this **paper form** to us either by fax or mail.

Paperwork Fax: 1-844-399-6593

Mailing Address:

Public Partnerships - OR FMAS
P.O. Box 50040
Phoenix, AZ 85076

FORMAL COMPLAINT FORM

All information items on this form that have an asterisk (*) are required and must be completed.

YOUR INFORMATION

1. Your Name *

2. Your role with OR FMAS (check one) *

- Employer
 Individual
 Provider

3. What is the best way for us to contact you? (check one) *

- Email
 Phone

4. Your email address (if you want us to contact you by email)

5. Your phone number * (include area code)

COMPLAINT STATEMENT

6. What is this complaint about? (Check all that apply.) *

- Employee Enrollment
- Employer Enrollment
- Payment
- Taxes
- Customer Service
- Other

7. Please tell us about why you are dissatisfied with our services. Be sure to include details; for example, the date that you contacted Customer Service to first report your concern, the response you received from us, etc. DO NOT include your or anyone else's Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN) on this form. *

PCG | **Public**

OR FMAS

Formal Complaint Form

Complaint Statement (continued)

DESIRED OUTCOME

8. Please tell us how we can better meet your expectations. *

END OF FORM