

General Complaint Form



Account Number (optional)

First Name		Last Name		Suffix
Phone Number	Email Address			
Street Address			Apt./Ste. #	
City		State	Zip Code	

Complaint category (please check all that apply)

- Broker/Insurance Agent Community Based Assister Customer Service Carrier/Insurance Company
 Other _____

Comments (use extra paper if you need more space to write)

Mail this form to:
Connect for Health Colorado
P.O. Box 35681
Colorado Springs, CO 80935

Print and email this form to:
complaints@sc.connectforhealthco.com

What happens next: We will be in touch with you via phone or e-mail to discuss your complaint.