



## **Non-emergency Medical Transport of Connecticut Medicaid Members How to file a complaint**

If you have any dissatisfaction with NEMT services you may file a complaint. The below complaint submission processes are available. **Please Note**; requests submitted on the ***Quality of Care/Quality of Transportation Service Referral Form*** will receive a written response in the same manner it was sent within 5 business days.

1. Call the facilities phone number, 1-866-428-2351, and verbally request the facility representative enter the dissatisfaction as a complaint. These complaints will be researched as normal within the Quality Assurance Department. A return call will not be provided unless additional information is required or it is notated as a request within the complaint submitted. If a call is requested, 2 attempts will be made to reach the individual.
2. Fax the ***Quality of Care/Quality of Transportation Service Referral Form*** (supplied below) to 1-866-529-2136. Please be sure to include a fax cover sheet to protect any HIPAA information.
3. Email the ***Quality of Care/Quality of Transportation Service Referral Form*** (supplied below) via a secure website to [janetj@logisticare.com](mailto:janetj@logisticare.com). *Email requests not sent via a secure email will not be opened by the recipient.*



**Quality of Care/Quality of Transportation Service  
Referral Form**

Date:

To: Janet Jones; Kate Fruin

From:

**Member Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

**Name & Contact Information of Person Making Complaint:**

**Complaint Information**

Trip Date:

Trip ID Number:

Transportation Company:

**Brief Summary of Complaint**