



## Dental Written Inquiry/Complaint Form Instructions

**Please complete the Grievance (Complaint) Form. At Health Net, a complaint and grievance are the same.** Please give information about your complaint and tell us how you would like the complaint to be resolved. Once you send this **Form**:

- By the next business day after this **Form** is received, Health Net will handle your complaint.
- Within five (5) days after receiving this **Form**, Health Net will send you a letter to let you know that your complaint was received.
- Within 30 days after receiving this **Form**, your complaint will be reviewed. Health Net will let you know the decision about your complaint (known as written notice of our determination).

A copy of **your Grievance Form** may be given to the dentist(s) who provided treatment. This will help us research and resolve this matter.