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**BENEFICIARY COMPLAINT**

# SECTION 1 – To be completed by beneficiary or authorized representative:

|  |  |  |
| --- | --- | --- |
| Beneficiary Name | Beneficiary Date of Birth | Telephone Number  **( )** |
| Beneficiary Address |  | |
| **SECTION 2 - Describe your complaint.** *Attach additional pages if necessary.* |  | |
| **SECTION 3 - What have you already done to try to solve this problem?** *Attach additional pages if necessary.* | | |
| **SECTION 4 - What would you like us to do to correct the problem?** | | |
| **SECTION 5 –** Name of the person completing this form (if other than the beneficiary) | | |
| Signature of person completing this form (if other than the beneficiary) | | Date Signed |
| Signature of Beneficiary or Parent/Guardian | | Date Signed |
|  | |  |