

Feedback Form

**Directions: Please complete all the sections except the gray one at the bottom of the page.
Mail or fax the form to Consumer Direct.**

Name: _____ **Date:** _____
(Please Print)

You are a (Please check): Participant Direct Service Worker Agency

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Please check the box that applies: Compliment Suggestion Complaint

Would you like us to contact you? Yes No **If yes, how:** phone email mail

Please describe the compliment and/or suggestion

Please fax completed form to:

Consumer Direct for Florida
Toll-Free Fax: 1-877-344-0999

For Consumer Direct Office Use:

Date Received: ____/____/____ Signature: _____

Action Taken: Resolved Not Resolved Submitted to Program Manager
Plan: (Please use back of form)



Questions?

We're here to help. United Healthcare Community & State.

Toll-Free 800-791-9233

and TTY/TTD 711,

Monday through Friday, 8:00 a.m. to 8:00 p.m.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 7:00 p.m.

ATENCIÓN: Si no habla inglés, hay servicios de asistencia con el idioma disponibles sin costo para usted. Llame al **1-800-791-9233, TTY 711.**

ATENÇÃO: Se não fala inglês, estão disponíveis serviços de assistência linguística sem nenhum custo para si. Ligue para o **1-800-791-9233, TTY 711.**