

### Nondiscrimination Complaint Form

Complete this form if you believe we failed to provide services or discriminated in another way based on race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes).

Name of member: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip code: \_\_\_\_\_

**Are you submitting this information on behalf of the person named above?**  Yes  No

If yes, please provide your information below:

Name: \_\_\_\_\_ Relationship to member: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a description of the issue including names, dates and other specific information whenever possible. Attach additional sheets if necessary.

What is your ideal resolution? (What would you like to happen as a result of your complaint?)

**I attest that the statements made in this complaint are true and correct to the best of my knowledge.**

*This form may be signed by the person making the complaint, or the parent, legal guardian or personal representative of the person making the complaint (e.g. power of attorney, conservator, legal guardian, executor).*

Name (please print): \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send the completed form to the Civil Rights Coordinator by email or mail:**

Email: [Grievance1557@exploremyplan.com](mailto:Grievance1557@exploremyplan.com)

Mail: Blue Cross and Blue Shield of Minnesota  
Birmingham Service Center  
ATTN: 1557 Compliance Coordinator  
450 Riverchase Parkway East  
Birmingham, AL 35244