



Filing a Grievance

Please fill out this grievance form with as much information as possible. Once your grievance has been received, Better Life Partners will follow up within three working days. If at any time you require assistance completing this form, please contact the Central Office @ 1-866-679-0831. We will be happy to assist you.

Date of incident: _____

Location of incident: _____

Names or descriptions of individuals involved in the incident or situation being grieved:

A narrative of the incident or complaint:

Name of the Member and/or third party filing the complaint:

Please provide your preferred contact information so we can be sure to follow up with you:

Phone Number: _____ Text or Call

Email: _____

Signature: _____

Date: _____