

From: (Name), Representative of Child's name  
AHCCCS Identification Number  
Date of Birth  
Phone Number

To: CQM@azahcccs.gov  
Subject: Quality of Care Complaint  
Re: (provider)

Dear AHCCCS,

I have a complaint about the quality of care I received from (NAME of Provider), and I am requesting help.

On (DATE), (SUCH and SUCH happened). (Do you have documentation?)

Also, on (DATE), (such and such happened, if necessary). (Documentation?)

I responded by: (What you did to respond). (Documentation?)

This resulted in: (What happened next? Documentation?).

Here is what I want to happen:

Please email or call me back to discuss options.

I will follow up with you (in X days, etc.).

Thank you for your help.

Sincerely,  
Your Name