ECMC
OMBUDSMAN INTAKE FORM

(All fields must be completed)

Date_____

Name_____DOB_____

Social Security Number_____

Address_____

City_____State_____Zip_____

Place of Employment_____

Home Phone Number _____Daytime Phone Number_____

The purpose of this form is to help you resolve any disputes that cannot be resolved through the normal course of business. All disputes will be investigated and responded to in writing within 10 business days. If we are unable to respond within 10 days, then you will be contacted by telephone and advised of the status of your dispute. If more information is needed in order for us to effectively respond to your dispute, we will attempt to contact you. If we are unable to contact you and get all information needed, we will base our response on the information provided.

Please print clearly and give all details regarding your dispute.