ACI Enterprises Inc.
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GRIEVANCE FORM

PLEASE PRINT OR TYPE

ACI Specialty Benefits is committed to customer satisfaction and appreciates your feedback. To submit a grievance or complaint, please complete this form and follow submittal instructions listed below. Contact ACI Specialty Benefits directly at 800.932.0034 or info@acispecialtybenefits.com for assistance.

Name:	**Address:**	
Phone:	**Email:**	**Employer Name:**
Description of Grievance:		
Name of EAP Provider, Staff or Service (if known):		

I hereby attest that the above information is true.

Signature:	**Date:** / /

Please email this form to Attn: Grievance, info@acispecialtybenefits.com or mail it to the address listed above.
By law, all grievances must be resolved within thirty (30) days of receipt.

PRINT FORM

SUBMIT FORM