

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 househow abbook these the sale area information in turns				
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.