



Complaints/Grievances and Appeals Resolution Form

Request to File: Level 1 Level 2 Level 3 Appeal (PerformCare)
(Check one box only)

A family member, a child age 14 or older, or other person assisting the family has the right to submit to Tri-County CMO a request for an appeal of a decision given. **This form must be completed and returned within 10 working days from the date of the initial complaint which was not adequately resolved.** Mail this document to:

Chief Quality and Compliance Officer
Tri-County CMO
3040 Route 22 West
Branchburg, NJ 08876

Upon receipt of this request, within 10 working days, Tri-County CMO will notify you of the outcome of your request.

Please complete the following:

Submitter's Name: _____

Child's Name: _____

Child's Date of Birth: _____

Reason for Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please attach a copy of any documentation you may have and the reason why you are dissatisfied. You may use the space provided below. Your statement of disagreement must be in writing and should not be longer than 2 double-spaced typed or handwritten pages.

Date: _____

PerformCare Contact# for Level 3 Appeal: 1-877-652-7624