

Foomka Cabashada/Jawaab celinta Xubinta CareOregon



Jawaab celintaadu waa mid muhiim noo ah. Waxaanu rabnaa in aanu xallino arrintani si aysan u dhicin mar kale. Waad ku mahadsan tahay in aad nala wadaagto.

Magacaaga: _____

Lambarkaaga telefoonka: _____

Magaca xubinta

(haddii aadan ahayn xubin): _____

Lambarka Aqoonsiga OHP ee xubinta iyo/ama taariikhda dhalasho: _____

Fadlan noo sheeg waxa dhacay. Haddii aad u baahan tahay meel bannaan oo dheeraad ah, isticmaal dhinaca dambe ee foomkani.)

Goorma ayay dhacday?

Yaa ku lug lahaa?

Fadlan ku soo lifaaq wixii dokumentiyo ah ee laga yaabo in ay naga caawiyaan in aan eegno cabashada. Tusaalooyinku waa: ogeysiisyada, diidmada adeega, biilasha dhakhtarka ama warbixinnada, warqadaha email-ka u dhexeeya qofka xubinta ah ama dadka kale, sida Waaxda Adeegyada Caafimaadka, Maamulka Caafimaadka Oregon, ama CareOregon.

Maxaad rabtaa in ay hadda dhacaan?

Macluumaadka wakiilka la oggolyahay

Magaca: _____ 18 jir ama ka weyn: Haa Maya

Ururka _____ Email-ka: _____

Cinwaanka boosta: _____

Lambarka telefoonka: _____ Saxiixa _____

Hubi haddii qof kale uu tani kuu soo gudbinayo.

Foomka dhammeystiran u gudbi:

CareOregon Attn: Grievance Coordinator

315 SW Fifth Ave Portland, OR 97204

Fax-ka: 503-416-1313

Email-ka: customerservice@careoregon.org

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Caawimaadani waa lacag la'aan ah. Wac 503-416-4100 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.