



Covered California's Small Business Health Options Program (SHOP) Complaint Form

Instructions:

Employers and Employees may use this form to report SHOP complaints. Examples of complaints, include, but not limited to: errors, customer service, agents, misinformation, etc. If filing a SHOP appeal, please contact Customer Service at 877-453-9198.

Your Information:

Case ID (optional):		
First Name		Last Name
Telephone Number (with area code)	Email Address	
Street Address		
City	State	Zip Code

If you are filing a complaint against a Certified Insurance Agent, please provide Agent Information:

Agent Name	Agency Name	License Number
Street Address		Telephone Number (with area code)
City	State	Zip

What area is your complaint regarding?

- Call center
 Provider
 Claim
 Eligibility
 Billing
 Agent
 Other _____

Tell us what happened and how we can help you (use extra paper if needed):

Mail this form to:

Covered California
 P.O. Box 7010
 Newport Beach, CA 92658

Fax:

949-809-3264

Call us at:

877-453-9198

What happens next? Covered California will review your complaint and respond to you as soon as possible.