



270 East Ln  
Burlingame, CA 94010  
[lyrahealth.com](http://lyrahealth.com)

### GRIEVANCE / COMPLAINT FORM

Please Contact [complaints@lyrahealth.com](mailto:complaints@lyrahealth.com) with any questions.

#### Member Contact Information:

Member name:	Date of Birth:
Email Address:	Phone Number:
Street Address:	City, State, Zip:
Subscriber name (if different from member):	Subscriber Employer/Sponsor of Lyra Benefit:
Incident date:	

#### *If Complaint is submitted by anyone other than the member to whom it pertains:*

Name of person submitting complaint:	Relationship to Member:
Phone:	Email Address:
Street Address:	City, State, Zip:

Best Method to contact you to discuss the complaint/concern:	
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**Communication Preferences for this Feedback:** Please be aware that our responses may include protected health information. If you enter "email", you are agreeing to share such information through the above referenced email account.



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**Tell us more about your concern or complaint with your care:**

A large, empty rectangular box with a thin black border occupies the central portion of the page. It is intended for the user to provide details about their concern or complaint.