



700 Gateway Boulevard
First Floor #101
South San Francisco, CA 94080-7023

lyrahealth.com

GRIEVANCE / COMPLAINT FORM

Please Contact complaints@lyrahealth.com with any questions.

Member Contact Information:

	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: