



**Please detail the steps you took to try to resolve the problem.**

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**Please supply any other information to clarify this grievance/complaint.**

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send this completed form to: MassHealth Operations  
Attn: Laura Basso  
100 Hancock Street, 6th floor  
Quincy, MA 02171

**For Office Use Only**

Assigned to: \_\_\_\_\_ Log number: \_\_\_\_\_

Final resolution: \_\_\_\_\_

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Date resolved: \_\_\_\_\_