



Genex Services UR Formal Grievance

Name of party submitting grievance: _____

Address of party submitting grievance: _____

Telephone number of parties submitting grievance: _____

Summary of grievance: (please outline date, event, review number (if applicable), and parties involved)

History of any previous contact made with Genex:

Description of relief sought:

Signature: _____ Date: _____

Please mail to: Utilization Review Compliance Dept. P.O. Box 4247 Clinton, IA 52733