



FOR **SMALL
BUSINESS**

Covered California for Small Business (CCSB) Complaint Form

Instructions:

Employers and employees may use this form to submit CCSB complaints. If filing a CCSB appeal, please contact Customer Service at (855) 777-6782.

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 Code	

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 for Small Business
1601 Exposition Blvd.
Sacramento, CA 95815

Email this form:

CCSB@covered.ca.gov

Call us at:

(855) 777-6782

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