



Complaint Form

Complaint Date

At Transdev, we pride ourselves on quickly responding to concerns of the Medicaid Participants that we service. Please take a moment to complete this form and submit it by fax at 630-873-1450, so that we may address your concern. You may also contact our Call Center by calling 877-725-0659 or mail your concern to Transdev at 799 Roosevelt Road, Building 4, Suite 200, Glen Ellyn, IL 60137

Please provide your contact information.

Name

Phone Number Email Address RTN

Please tell us about your concern.

Date of Incident Whom did you have an issue with?

Name of person or business involved in complaint:

What type of issue did you have?

Please describe the issue in detail.