



## NEMT Complaint Request/Inquiry

**Veyo is required to investigate all complaints regarding NEMT in the Veyo service area. All complaints must be sent to Veyo.** Please submit completed form to  
co\_complaints@veyo.com

<https://medicaidco.com/>

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

Person making Inquiry: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Member's name: \_\_\_\_\_

Member's Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member's Medicaid ID: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Was Veyo contacted?    Yes                      No

    If yes, date of contact: \_\_\_\_\_

    Name of person contacted: \_\_\_\_\_

Details of incident:

