



FOR **SMALL**  
**BUSINESS**

# Covered California Small Business (CCSB) Employer/Employee 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.