



**BlueCross BlueShield  
of Alabama**

**ACA Section 1557 Discrimination Grievance Form**

**Mail to:** Blue Cross and Blue Shield of Alabama  
Corporate Compliance Officer  
450 Riverchase Parkway East  
Birmingham, AL 35244

**Email to:** [1557grievance@bcbsal.org](mailto:1557grievance@bcbsal.org)

**Information about you:**

Name  
Street Address  
City State ZIP  
Telephone number(s)  
E-mail address (if available)

**Information regarding the person, agency or organization  
you believe discriminated against you:**

Name  
Street Address  
City State ZIP  
Telephone number(s)

Brief description of what happened, including how, why, and when  
you believe your (or someone else's) civil rights were violated:

450 Riverchase Parkway East PO Box 995 Birmingham, AL 35298-0001  
Phone: 205-220-2604 (TTY 711) FAX: 205-220-2984

Blue Cross and Blue Shield of Alabama is an independent licensee of the Blue Cross and Blue Shield Association.

Any other relevant information

Your signature and date of complaint

Signature

Date

Name of the person on whose behalf you are filing  
(if you are filing a complaint for someone else)

**Information you may also include:**

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your complaint somewhere else and where you've filed