

# WHERE CAN I FILE A GRIEVANCE?

## CREEKSID E GRIEVANCE COORDINATOR: CORY LEFCO

303-770-6933 OR  
CORY@CREEKSIDECOLLABORATIVETHERAPY.NET

OR VISIT OUR WEBSITE TO FILL OUT A  
GRIEVANCE FORM

## Health First Colorado (for Medicaid Grievances)

Health First Ombudsman:  
303-830-3560

## CCHA

For clients with Medicaid through  
CCHA, please call 855-627-4685

## Colorado Department of Regulatory Agencies

[www.dora.colorado.gov](http://www.dora.colorado.gov)  
or 303-894-7855

## COLORADO ACCESS

For clients with Medicaid through  
Colorado Access, please call  
720-744-5134

## WE ENCOURAGE YOU TO TALK TO YOUR PROVIDER

Open communication with your  
provider is important! Please try  
discussing your concerns with your  
clinician first. If you are not comfortable  
doing so or have tried but continue to  
have concerns, please file a grievance  
using one of the resources on this page.