

If you need assistance with completing this form:

- ◆ You may ask any Behavioral Health Services staff to assist you.
- ◆ You may call the Patients' Rights Advocate at **(559) 673-3508 ext. 1270**
- ◆ You may ask anyone to act on your behalf at any time.

Please return this completed form to the receptionist or place in the Suggestion Box or mail to:

**Madera County
Behavioral Health Services
Mental Health Plan**
P.O. Box 1288
Madera, CA 93639

PROBLEM RESOLUTION NUMBERS

- ◆ Mental Health Plan/Quality Management Coordinator
(559) 673-3508 or **(888) 275-9779** Toll free
- ◆ Patient's Rights Advocate
(559) 673-3508 ext. 1270 or **(888) 275-9779** Toll free
- ◆ State Ombudsman
(800) 452-896-4042 Toll free
TTY **(800) 896-2512**
Email: MHombudsman@dhcs.ca.gov

Behavioral Health Director

Connie Moreno-Peraza, LCSW
(559) 673-3508
Toll Free **(888) 275-9779**

TTY **(800) 735-2929**
Cal Relay Dial **711**
Speech to Speech **(866) 288-1909**

CLIENT SUGGESTION

MADERA COUNTY BEHAVIORAL HEALTH SERVICES



Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate, and accessible services.

**MADERA COUNTY BEHAVIORAL HEALTH SERVICES
CLIENT SUGGESTION**

We want your input!

Date: _____ Service Location: _____

Please print or write clearly.

Madera County Behavioral Health Services welcomes your suggestions to improve services and make your visits as positive and helpful as possible. Attach additional pages if necessary.

Suggestion(s): _____

May we contact you regarding your suggestion?

- Yes You may contact me regarding this suggestion.
 No I prefer that you do not contact me.

Today's Date: _____ Signature (optional): _____

This portion is optional.

Name: _____

Address: _____

Telephone Number: (What is the best time to call?): _____
