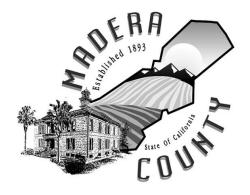
CLIENT SUGGESTION

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.

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. 1267
- 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**

MADERA COUNTY BEHAVIORAL HEALTH SERVICES

We want your input!

Date:	Service Location:
Pleas	e print or write clearly.
sugge	ra County Behavioral Health Services welcomes your stions to improve services and make your visits as positive elpful as possible. Attach additional pages if necessary.
Sugge	estion(s):
Mayx	we contact you regarding your suggestion?
iviay v	we contact you regarding your suggestion?
[]	YesYou may contact me regarding this suggestion.
[]	No I prefer that you do not contact me.
Today	y's Date:
_	ture (optional):

This portion is optional.
Name:
Address:
Telephone Number: (What is the best time to call?):