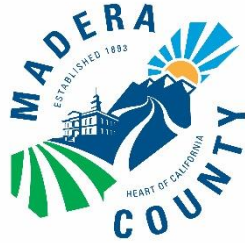


GRIEVANCE FORM



MADERA COUNTY BEHAVIORAL HEALTH SERVICES

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

Behavioral Health Director
Connie Mendoza-Peraza, LCSW
(559) 673-3508
Toll free (888) 275-9779

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

MADERA COUNTY BEHAVIORAL HEALTH SERVICES CLIENT GRIEVANCE FORM

- Grievances may be filed using this form, writing a letter, or submitted verbally, in person or by telephone.
- For assistance completing this form or to verbally report a complaint, you may get help from your therapist, the Program Supervisor, or those listed on the back of this form.
- To submit this form or a letter, you may give it to the receptionist or return in a self-addressed envelope we provide.
- You may designate someone to act on your behalf.
- The grievance process is confidential and applicable privacy laws followed.
- Your services at Madera County Behavioral Health will **NOT** be affected or change in any way if you file a grievance.
- You will be kept informed of the status of your grievance.

Please print or write clearly.

Name: _____ Date: _____

Birth Date: _____

Name of Legal Guardian if on behalf of a minor:

Relationship: _____

How may we contact you? Mail Address:

Telephone/Number(s): _____

May we leave message? Yes No

Your Current Service Location(s):

7th Street Pine Street Chowchilla Oakhurst NA

Write a description of the events-be as specific as possible including full names of persons involved, witnesses (if any) and dates and time of incidents. You may use additional paper.

The Mental Health Plan staff will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this grievance.

Date

Signature of person completing Form

ORIGINAL TO QUALITY MANAGEMENT COORDINATOR

If you need assistance completing this form please contact:

Quality Management Coordinator

(559) 673-3508

(888) 275-9779

Patients' Rights Advocate

(559) 673-3508 x. 1311

(888) 275-9779

Compliance Officer

(559) 673-3508 x 1311

State Ombudsman

(800) 896-4042

TTY (800) 896-2512

Email: MHombudsman@dhcs.ca.gov

Please return this completed form to the receptionist or mail in the self-addressed envelope to:

Madera County Behavioral Health Services

Mental Health Plan

P.O. Box 1288

Madera, CA 93639