### 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. 1267 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**

Dennis Koch, MPA (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		
	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?):	