

# 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. 1267 or (888) 275-9779 Toll free
- ◆ State Ombudsman  
(800) 452-896-4042 Toll free  
TTY (800) 896-2512  
Email: [MHombudsman@dhcs.ca.gov](mailto: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**

**MADERA COUNTY BEHAVIORAL HEALTH SERVICES  
CLIENT SUGGESTION**

**We want your input!**

Date: \_\_\_\_\_ Service Location: \_\_\_\_\_

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*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):**

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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): \_\_\_\_\_

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***This portion is optional.***

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

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