GRIEVANCE RESOLUTION REQUEST FORM

Date: ____________________________

Name: ___________________________

Phone: ___________________________

Address: _________________________

Date of Birth: ____________________

Best time to reach me is: __________

Description of action you are grieving:
________________________________________
________________________________________
________________________________________

What I would like to have happen:
________________________________________
________________________________________
________________________________________

Current Treatment Staff: ______________
________________________________________
________________________________________

Santa Cruz County
Behavioral Health Services

Quality Improvement Department
PO Box 962
Santa Cruz, CA 95061

GRIEVANCE RESOLUTION REQUEST

1-800-952-2335
Toll Free-Multilingual

Santa Cruz County Behavioral Health Services
Health Services Agency

Rev 10-2-17 v3
If you have a problem with services, a provider of services or any other dissatisfaction, you have two options:

**Option One:**

You can complete a Grievance Resolution Request Form (attached). Your grievance will be logged in within one working day. A letter informing you of our receipt of your grievance will follow. A decision about the grievance will be sent to you in writing within 30 calendar days.

**Option Two:**

You may verbally notify the Quality Improvement Coordinator or staff member representing the Mental Health Plan & Substance Use Disorder Plan by phone or in person.

**Do you want help with the process?**

You may authorize any other person, including a Provider, to act on your behalf regarding a grievance. A signed written consent form is encouraged if a representative is acting on your behalf.

If you have a grievance regarding mental health services, you may also contact the Ombudsman/Advocate’s office for assistance at: (831) 429-1913.

If you have a grievance regarding substance use disorder services, you may also contact the State Department of Social Services: (800) 952-5253.

What if I just want to change my provider?

You can use the "Changing Treatment Staff" (yellow brochure/form) to ask for a change of your coordinator, therapist, psychiatrist or other service provider.

**Where do I turn in the Grievance Resolution Request Form?**

Turn-in your form at the reception counter in the North or South County Behavioral Health Clinics or other site where you receive services; or you may mail it to the Grievance Coordinator, Behavioral Health Services, 1400 Emeline Avenue, Santa Cruz CA 95060.

The County Mental Health Plan & Substance Use Disorder Services Plan takes your concerns seriously. We will make every reasonable effort to meet your needs. You will not be subject to discrimination, or any other penalty for filing a Grievance Resolution Request Form. Information provided on this form will not become part of your medical records. It will remain in the Quality Improvement Department and will only be shared with other staff on a need to know basis in order to resolve the problem. All information pertaining to grievances will be treated as confidential information per Santa Cruz Behavioral Health Services policies and procedures.