



We hope you will discuss any complaints about your services with your Service Provider. Another option is to complete this form. You may call one of the following numbers to request help with filing a Grievance:

- 1. Quality Improvement – BHRS Manager (209) 381-6800 x 3265
2. Patients' Rights (209) 381-6876
3. Toll Free Number (888) 334-0163
4. TDD (866) 293-1818

Form with fields for Consumer's Name, DOB, Phone, and Address. Includes a large section for 'DESCRIBE THE Complaint' and a 'PLEASE TURN PAGE' instruction at the bottom.

PLEASE READ AND SIGN BELOW:
Grievance Form-English

Quality Improvement staff or Patient's Rights shall be available to assist the consumer throughout the Grievance Process. The MHP will ensure that a consumer shall not be subject to any penalty, sanction, restriction, or discrimination for filing a Grievance, Appeal or for requesting a State Fair Hearing.

A consumer may authorize another person to act on their behalf by listing the name of the person below.

For the purpose of resolving this Grievance, I authorize the following person to act on my behalf. Please write "n/a" if you will not have anyone acting on your behalf:

Name of Representative	
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I understand that Quality Improvement staff has permission to contact my representative (named above) to resolve my Grievance. Quality Improvement staff have my permission to discuss any and all information needed to evaluate and resolve this Grievance.

Signature

Date