

If you need assistance with completing this form:

You may ask any Substance Use Prevention and Treatment Services staff to assist you.

You may call Member Services.
(916) 875-6069

Toll Free 1-888-881-4 881
TTY (916) 876-8853

You may call the Patient Rights Advocate.
(916) 333-3800

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Sacramento County Substance Use Prevention and Treatment Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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**Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823**

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**Sacramento County
Substance Use
Prevention and
Treatment Services**

**Grievance
Form**

Stamp
Required

Grievance

Note: Filing a grievance shall not adversely affect your services with Sacramento County Substance Use Prevention and Treatment Services. The member will be contacted by Member Services and will receive a written response within (90) ninety calendar days. Please complete this form, then fold and secure, stamp and mail.

Please print or write legibly.

Date: _____ Service Location: _____

Client Name: _____ Date of Birth: _____

If client is a minor, enter the name of legal guardian filing on behalf of minor: _____

Address (City/State/Zip): _____

Phone Number (please indicate best time to call): _____

Describe the reason(s) for requesting a grievance.

Please be specific by including names, dates, and times whenever possible.

Date(s) of incident: _____

1. Describe grievance or nature of grievance. Please attach additional pages if necessary:

2. Have you tried to resolve the problem(s) before requesting the grievance?

Yes Please describe what you have done to try to resolve the problem and include the results:

No, I have not made any prior attempts to resolve the grievance.

3. What would you like to see happen to resolve this grievance?

I understand that I will be contacted about this request within thirty (30) calendar days

Signature of person making this grievance: _____ Today's date: _____