If you need assistance with completing this form:

- You may ask any Mental Health Plan 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

Sacramento County
Board of Supervisors
Phil Serna, 1st District
Patrick Kennedy, 2nd District
Susan Peters, 3rd District
Sue Frost, 4th District
Don Nottoli, 5th District

County Executive
Navdeep S. Gill

Department of Health Services
Peter Beilenson, MD, MPH, Director

Division of Behavioral Health
Ryan Quist, Ph.D.,
Behavioral Health Services Director

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

Published by:
The County of Sacramento
Division of Behavioral Health
5/06/2019

Sacramento County Mental Health Plan
Quality Management, Member Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823

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Quality Management – Member Services
7001-A East Parkway, Suite 300M
Sacramento, CA 95823

Stamp Required

SACRAMENTO COUNTY

Sacramento County Mental Health Plan

Grievance Form

Grievance Form – English

Grievance

Note: Filing a grievance shall not adversely affect your services with Sacramento County Mental Health Plan. 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: _____