

**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, 1<sup>st</sup> District  
Patrick Kennedy, 2<sup>nd</sup> District  
Susan Peters, 3<sup>rd</sup> District  
Sue Frost, 4<sup>th</sup> District  
Don Nottoli, 5<sup>th</sup> 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.

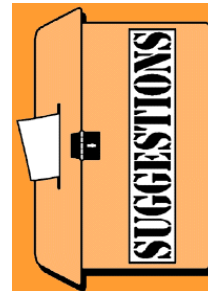
Published by:

The County of Sacramento  
Division of Behavioral Health  
5/06/2019



**Sacramento County  
Mental Health Plan**

# Member Suggestion



Suggestion Form – English

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

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

Stamp  
Required

# Member Suggestion

**Note:** Sacramento County Mental Health Plan welcomes your suggestions to improve services and desires to make your visits as positive and helpful as possible.

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

**Suggestion(s)** Please attach additional pages, if necessary.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**May we contact you regarding your suggestion?**

**Yes**, please contact me regarding this suggestion

**No**, do not contact me regarding this suggestion

Signature of person making the Appeal: \_\_\_\_\_

Today's date: \_\_\_\_\_