

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:

Quality Improvement Department
Santa Cruz County Behavioral Health Services
PO Box 962
Santa Cruz, CA 95061



Santa Cruz County
Behavioral Health Services

GRIEVANCE
RESOLUTION
REQUEST



1-800-952-2335
Toll Free-Multilingual

Santa Cruz County Behavioral Health Services

Health Services Agency





A grievance can be done by phone or in person.

GRIEVANCE RESOLUTION REQUEST



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.

For Office Use Only:

Date Received:

Date Resolved:

Resolved By:

Resolution: