



BEHAVIORAL HEALTH

HEALTH SERVICES AGENCY

Grievance Resolution Request

**Toll free, Multilingual
1-800-952-2335**

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 & Drug Medi-Cal Organized Delivery System by phone or in person.

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:

Quality Improvement Department
Behavioral Health
1400 Emeline Avenue
Santa Cruz CA 95060

What if I just want to change my provider?

You can use the “Changing Your Treatment Staff” (yellow brochure/form) to ask for a change of your coordinator, therapist, psychiatrist or other service provider.

Grievance Form

Client Name:

Date of Birth:

Today's Date:

Current Address:

Phone#:

Parent / Guardian Name (if under 18 years old):

Description of action you are grieving:

What you would like to have happen:

The County Mental Health Plan & Drug Medi-Cal Organized Delivery System 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 to resolve the problem. All information pertaining to grievances will be treated as confidential

information per Santa Cruz Behavioral Health Services policies and procedures. A decision about the grievance will be sent to you in writing within 30 calendar days.

What if I need 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 my grievance is discrimination related?

If you have a grievance related to discrimination, you may also contact the U.S. Health and Human Services Office for Civil Rights online at: [Complaint Process | HHS.gov](#) or by mail: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Ave., SW; Room 509F HHH Bldg., Washington, D.C. 20201

What is my grievance regarding psychotherapy services?

If you are receiving psychotherapy services by a Board of Behavioral Sciences (BBS) licensed or registered provider, you can send a complaint regarding provided services by an AMFT / LMFT, ASW / LCSW, APCC / LPCC or licensed educational psychologist to the BBS online: www.bbs.ca.gov, or phone: (916) 574-7830.

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For Office Use Only (grievance-English pg 2 revised 3.1.2024)

Date Received:	Date Resolved:	Resolved by:
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