

WHY FILE A GRIEVANCE?

You may choose to file a grievance if you are unhappy with the mental health or substance use disorder services you have received.

HOW TO FILE A GRIEVANCE?

You may choose to file a grievance verbally or in writing. If you choose to file a verbal grievance, please contact us at (209) 223-6412, or toll-free at (888) 310-6555. If you choose to file a written grievance, please complete this form. You may mail the completed form to the address on the front of this form. You may also place it in the grievance box at the front lobby of Amador County Behavioral Health.

We will respond in writing as soon as possible or within 90 days.

For questions, or the status of your grievance, please contact us at (209) 223-6412 or toll-free at (888) 310-6555. For the California Relay Service please call, 711.

GRIEVANCE FORM

You may ask for a staff person or other individual to assist you with the grievance process. You may choose to have another person act on your behalf. By filing a grievance, you will NOT be subject to discrimination or any other penalty.

Please indicate if this grievance is regarding

- Mental Health Services
- Substance Use Disorder Services

Name _____ **Date** _____

Mailing Address _____

Telephone _____

Please describe the issue (feel free to use additional paper if needed)

Please suggest solution or remedy:
