TULARE COUNTY MENTAL HEALTH

GRIEVANCE FORM

- Remember, we encourage you to discuss any complaints or issues about your Mental Health services with your Service Provider or Coordinator. You may file a Grievance by talking to your Service Provider or Coordinator, or to any Mental Health staff with whom you feel comfortable. Also, you have the choice of completing this form or phoning in your Grievance to either of the following people:
 - 1. Problem Resolution Coordinator: 1-800-500-4465
 - 2. Patient's Rights Advocate: 1-800-905-5597

Consumer's Name:		
Consumer's Date of Birth:		
Consumer's Phone Number:		
Consumer's Address:		
DESCRIBE THE GRIEVANCE (Please include dates and names, if possible; use additional pages if necessary.):		
PLEASE TURN PAGE OVER		

PLEASE READ AND SIGN BELOW:

A consumer may authorize another person to act on his/her behalf, and this representative may use the Grievance process if requested by the consumer. The Problem Resolution Coordinator or the Patient's Rights Advocate can assist the consumer throughout the Grievance process. The Mental Health Plan (MHP) will ensure that a consumer is not subject to any penalty for filing a Grievance. Your grievance will be resolved within 90 days of receipt.

If you need further information regarding the Grievance process, please call the Tulare County Problem Resolution Coordinator at 1-800-500-4465.

For the purpose of resolving this Grievance, I (consumer) authorize the following person to act on my behalf. (Please write "n/a" if you will not have anyone acting on your behalf):

Name and phone number of	
representative:	

I (consumer) also understand that the Problem Resolution Coordinator (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Grievance. The Problem Resolution Coordinator will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

Consumer's	signature
Consumer 3	Signature

Date

When you have completed, signed, and dated this form, please mail it to:

Problem Resolution Coordinator Mental Health Department, Managed Care 5957 S. Mooney Blvd. Visalia, CA 93277