

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 Mental Health and Substance Abuse  
PO Box 962  
Santa Cruz, CA 95061



**Santa Cruz County  
Mental Health Plan**

GRIEVANCE  
RESOLUTION  
REQUEST



**1-800-952-2335  
Toll Free-Multilingual**

Santa Cruz County Mental Health Services  
Part of the Mental Health System of Care for  
Santa Cruz County



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 60 calendar days.

**Option Two:**

You may verbally notify the Quality Improvement Coordinator or staff member representing the Mental Health 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. You may also contact the Ombudsman/ Advocate's office. The Ombudsman / Advocate is a non-profit organization that provide rights protection, advocacy, and confidential services for both mental health clients and their families. They office is located 525 Laurel Street, Santa Cruz, can be reached by phone (831) 429-1913.

**What if I just want to change my mental health 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 Mental Health Clinics or other site where you receive services; Or you may mail it to the Grievance Coordinator, Mental Health Plan, 1400 Emeline Avenue, Santa Cruz CA 95060.



The County Mental Health 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 mental health 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 Mental Health and Substance Abuse Services policies and procedures.

**For Office Use Only:**

**Date Received:**

**Date Resolved:**

**Resolved By:**

**Resolution:**