WHY FILE A GRIEVANCE?

Shasta County tries to do its best in working with clients and providers, but understands that sometimes things do not work out as planned.

You may choose to file a grievance if you are unhappy with the mental health or substance abuse services you currently receive.

HOW TO FILE A GRIEVANCE

You may choose to file your grievance orally, or in writing. If you choose to file an oral grievance, please contact Managed Care at 245-6750 or toll free at 1-888-385-5201. If you choose to file a written grievance, please complete this form. You may mail the completed form to the address on front or place it in the grievance box at the front lobby of Shasta County Mental Health.

For questions, or the status of your grievance, contact Managed Care at 245-6750 or toll free at 1-888-385-5201. California Relay Service, call 711

GRIEVANCE FORM

You may request 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 your grievence is regarding:

- ☐ Mental Health Services
- ☐ Alcohol and Drug Services

Date:_____ **Site:** _____

Name: _____ **Birth Date:** _____

Address: _____

Telephone (home): _____ **(work)** _____

Primary Language Spoken: _____

Describe the reason for your dissatisfaction:

_____

_____

_____

_____

_____

How do you think this can be resolved?

_____

_____

_____

_____

_____

Signature: _____

WHAT HAPPENS TO YOUR GRIEVANCE?

When you submit a grievance about your mental health or alcohol and drug services to the Shasta County Mental Health Plan, we take the following steps to make sure your complaint is resolved.

- Send you written notification that we have received your grievance.
- Assign a neutral person to review your grievance.
- If one person is unable to resolve your grievance, a committee will be formed to hear both sides. You will be able to talk with the committee about your grievance. The committee will make a recommendation for a final decision.
- A second letter will be sent to you with the outcome of your grievance.

Shasta County does not discriminate on the basis of disability. Our ADA coordinator may be reached at 530-225-5515; California relay services call 711; fax 530-225-5345.

SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
Adult Services
2640 Breslauer Way, Redding CA 96001
www.shastahhsa.net

Shasta County Mental Health Plan
Attn: Shasta County Authorization
Management Program
P.O. Box 496048
Redding, CA 96049-6048

Revised 10/2014

Grievance Form

Let us help you resolve any service complaints.

For assistance call (530) 245-6750