

Shasta County Health & Human Services Agency
Attn: Managed Care & Compliance HHB-502
P.O. Box 496005
Redding, CA 96049-6005

WHAT HAPPENS TO YOUR GRIEVANCE?

To make sure your complaint is taken care of, we will:

- Send you a letter to say we got it.
- Choose someone that is not part of your complaint to look over your grievance.
- Send you a letter to tell you what was decided.

You will be treated fairly during this process.

For questions, or the status of your grievance, call Managed Care at 530-245-6750 or toll free at 1-888-385-5201.

Our ADA coordinator may be reached at:

530-225-5515 (phone)

530-225-5345 (fax)

TTY: 711



2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Grievance Form

Let us help you resolve any service complaints.

**For help call:
(530) 245-6750**

GRIEVANCE FORM

You may ask for help filling out this form or have someone do it for you.

You will be treated fairly if you file this form.

WHY FILE A GRIEVANCE?

Shasta County tries to work fairly with everyone but sometimes things do not work out. You can file a grievance if you are not happy with your services.

HOW TO FILE A GRIEVANCE

Fill out this form or tell us. To tell us, call (530) 245-6750 or 1-888-385-5201. If you fill out the form, send it to the address on the back or give it to your health care worker.

Date: _____ Location: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____

Telephone: (home) _____ (work) _____ (cell) _____

Primary Language Spoken: _____

Describe the reason for your dissatisfaction: _____

How do you think this can be resolved? _____

Signature: _____