

**If you need assistance with
completing this form:**

You may call Member Services.
(916) 875-6069

Toll Free 1-888-881-4881
TDD California Relay Service: 711

You may call the Patient Rights Advocate.
(916) 333-3800

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Sacramento County Substance Use Prevention
and Treatment Services complies with applicable
Federal civil rights laws and does not
discriminate on the basis of race, color, national
origin, age, disability, or sex.

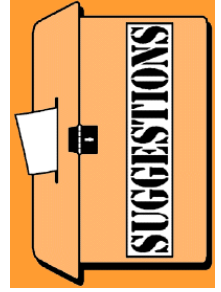
Published by:

The County of Sacramento
Division of Behavioral Health
September 2025



**Sacramento County
Substance Use
Prevention and
Treatment Services**

**Member
Suggestion**



Sacramento County Substance Use Prevention and Treatment Services
Quality Management, Member Services
7001A East Parkway, Suite 300
Sacramento, CA 95823

Stamp
Required

**Sacramento County Substance Use Prevention and Treatment Services
Quality Management – Member Services
7001-A East Parkway, Suite 300
Sacramento, CA 95823**

Member Suggestion

Note: Sacramento County Substance Use Prevention and Treatment Services welcomes your suggestions to improve services and desires to make your visits as positive and helpful as possible.

Please print or write legibly.

Date: _____ Service _____
Location: _____

Client Name: _____ Date of Birth: _____

If client is a minor, enter the name of legal guardian completing on behalf of minor: _____

Address (City/State/Zip): _____

Phone Number (please indicate best time to call): _____

Suggestion(s): Please attach additional pages, if necessary.

[illegible]

May we contact you regarding your suggestion?

- ☐ **Yes**, please contact me regarding this suggestion
- ☐ **No**, do not contact me regarding this suggestion

Signature of person making the suggestion: _____ Today's date: _____