

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

You may ask any Substance Use Prevention and Treatment Services staff to assist you.

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

Toll Free 1-888-881-4 881  
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.

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

**Grievance  
Form**

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

Stamp  
Required

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

# Grievance

**Note:** Filing a grievance shall not adversely affect your services with Sacramento County Substance Use Prevention and Treatment Services. The member will be contacted by Member Services and will receive a written response within (90) ninety calendar days. Please complete this form, then fold and secure, stamp and mail.

**Please print or write legibly.**

Date: \_\_\_\_\_ Service Location: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If client is a minor, enter the name of  
legal guardian filing on behalf of minor: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone Number (please indicate best time to call): \_\_\_\_\_

**Describe the reason(s) for requesting a grievance.**

**Please be specific by including names, dates, and times whenever possible.**

Date(s) of incident: \_\_\_\_\_

**1. Describe grievance or nature of grievance. Please attach additional pages if necessary:**

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**2. Have you tried to resolve the problem(s) before requesting the grievance?**

**Yes** Please describe what you have done to try to resolve the problem and include the results:

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**No**, I have not made any prior attempts to resolve the grievance.

**3. What would you like to see happen to resolve this grievance?**

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**I understand that I will be contacted about this request within thirty (30) calendar days**

Signature of person making this grievance: \_\_\_\_\_ Today's date: \_\_\_\_\_