

If you need assistance with completing this form:

- You may ask any Mental Health Plan staff to assist you.
- You may call Member Services.
(916) 875-6069
- You may call the Patient Rights Advocate.
(916) 333-3800

Toll Free 1-888-881-4 881
TDD 711

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Sacramento County Mental Health Plan
Quality Management, Member Services
7001A East Parkway, Suite 500
Sacramento, CA 95823

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Quality Management – Member Services
7001-A East Parkway, Suite 500
Sacramento, CA 95823

Stamp
Required



**Sacramento County
Mental Health Plan**

**Member
Suggestion**



Suggestion Form – English

Member Suggestion

Note: Sacramento County Mental Health Plan 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 filing on behalf of minor:

Address (City/State/Zip): _____

Phone Number (please indicate best time to call):

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

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 Appeal: _____ Today's date: _____