

**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  
  
Toll Free 1-888-881-4 881  
TTY 711
- You may call the Patient Rights Advocate.  
(916) 333-3800

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**Division of Behavioral Health**  
Ryan Quist, Ph.D.,  
Behavioral Health Services Director

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**Sacramento County Mental Health Plan  
Quality Management – Member Services  
7001-A East Parkway, Suite 300M  
Sacramento, CA 95823**

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Quality Management, Member Services  
7001A East Parkway, Suite 300M  
Sacramento, CA 95823**



**Sacramento County  
Mental Health Plan**

**Grievance  
Form**

Grievance Form – English

Stamp  
Required

# Grievance

**Note:** Filing a grievance shall not adversely affect your services with Sacramento County Mental Health Plan. 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: \_\_\_\_\_