



WE TRY TO do our best in working with both consumers and providers, but we understand that sometimes things do not work out as planned. When you are dissatisfied with your mental health services, you may file a grievance at any time. If this is related to a problem with a denial, modification, reduction or termination of services, or a failure to receive services in a timely manner, then you need to file an appeal.

A grievance may be submitted in person, by telephone or in writing. You are encouraged to speak with your provider. This is usually the easiest way to resolve your concerns. If this is not possible, you may call the Mental Health Plan at: 1-800-654-3937 or fill out the grievance form and mail it to:

Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886

You will receive a letter acknowledging your grievance within several days. There will be an investigation of your grievance and you will receive a written notice within 90 days.

GRIEVANCE FORM



OMBUDSMAN SERVICE
1-800-896-4042

PATIENTS' RIGHTS ADVOCATE
(559) 492-1652

FRESNO COUNTY
MENTAL HEALTH PLAN
1-800-654-3937



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**FRESNO COUNTY
MENTAL HEALTH PLAN
1-800-654-3937**



I F YOU SUBMIT a grievance to the Fresno County Mental Health Plan in writing, you should send the grievance form to:

**Fresno County Mental Health Plan
P.O. Box 45003
Fresno, California 93718-9886**

Forms and stamped, addressed envelopes are available at all mental health service sites.

Consumers filing a grievance shall not be discriminated or retaliated against.

You may ask someone to represent you with this grievance.

If you have any questions or want to know the status of your grievance, please call: **1-800-654-3937.**

For hearing impaired, dial **711** to reach the California Relay Service.

Thank you for taking the time to notify us.

GRIEVANCE FORM

Date: _____

Provider: _____

Name: _____

Address: _____ Zip: _____

Telephone: _____ (home) _____ (work)

Primary language spoken: _____ Date of Birth: _____

Grievance: _____

How do you think that we should resolve this? _____

Signed: _____

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If you helped complete this form, please print your name: _____

What is your relationship to this consumer? _____