



MANY OF THE improvements the Fresno County Mental Health Plan has made in the past few years have come as a result of suggestions from the consumers who use our mental health services. If you have a suggestion about how the Fresno County Mental Health Plan can do a better job, please let us know about it with this suggestion form.

When you are finished, please mail this form to us at:

**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.

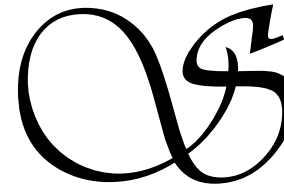
You do not have to include your name. However, if you would like a customer representative to contact you about your suggestion, please include your name and an address or telephone number where we can reach you. You will receive a response within 10 working days.

Alternative formats available upon request.



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

English
Suggestions 07/2017



UGGESTIONS



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



PLEASE USE THIS form if you have a suggestion on ways in which the Fresno County Mental Health Plan can do a better job. You may mail the suggestion form to:

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

Stamped, addressed envelopes are available at all mental health service sites.

If you have questions or want to speak with a customer service representative, please call

1-800-654-3937.

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

Thank you for your suggestion.



SUGGESTION FORM

Date: _____

Site: _____

Suggestion, concern, or compliment:

Signed: _____

If you would like someone to contact you about your suggestion, please include your name and address or telephone number:

Name: _____

Address: _____

Telephone: _____