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:____________________________________________________
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.