

MARIPOSA COUNTY
BEHAVIORAL HEALTH SERVICES

Grievance and Appeal Form

If you have any problems with your mental health services, you may contact the Deputy Director of BHRS at 1-209-966-2000 or mail this form to the Deputy Director of BHRS, P.O. Box 99, Mariposa, CA 95338. Pre-addressed envelopes are available.

Grievance Appeal Expedited Appeal

Please Print or Write Clearly

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Incident (if applicable): _____

Name of Legal Guardian/Conservator: _____

Name of Agency/Staff Person Providing Service: _____

1. Describe the problem or issue (attach additional sheets if necessary): _____

2. What have you already done to resolve this problem? _____

3. How would you like to see this problem resolved? _____

Client Signature _____ Date: _____

This form is for Mental Health Department clients only. For other complaints, contact **Mariposa County Human Services**, 5362 Lemee Lane, P.O. Box 99, Mariposa, CA 95338, (209) 966-2000.

If you require interpretative services, please inform a staff member.