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 Leme Lane, P.O. Box 99, Mariposa, CA 95338, (209) 966-2000.

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

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