County of San Diego – Mental Health Services

GRIEVANCE / APPEAL FORM

If you have a problem with your mental health services, fill out this form or call the number below.

- A **"grievance"** is ***any*** expression of dissatisfaction about the services.
- An **"appeal"** can be made, for instance, when your services are denied, reduced, or stopped.

I am having the following problem with my mental health services and want some help to resolve this. (Please attach additional pages if needed)

WHO is involved:

_____

WHEN did this happen:

_____

WHERE did this happen:

_____

WHAT happened:

_____
_____
_____
_____
_____
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_____
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_____
_____
_____
_____

YOUR SIGNATURE: _____

PRINT YOUR NAME: _____

ADDRESS: _____

PHONE #: _____ **DATE:** _____

Authorized person's signature (If Applicable – e.g., guardian or representative):

_____

A self-addressed envelope is available with this form. Mail this form to the appropriate agency below. They have advocates available to help you with this issue:

Inpatient and 24-Hour Residential Services:

USD Patient Advocacy
5998 Alcala Park, UP 304
San Diego, CA 92110-2492
Phone: (800) 479-2233

Outpatient and All Other Services:

Consumer Center for Health Education and Advocacy
1475 Sixth Avenue, 4th Floor
San Diego, CA 92101
Phone: (877) 734-3258