

San Benito County Mental Health Services
CLIENT GRIEVANCE FORM

You have the right to file a **grievance** with San Benito County Mental Health for any dissatisfaction that you might have, *except if the dissatisfaction is about receiving a Notice of Action from San Benito County Mental Health*. If you received a Notice of Action and would like to appeal the decision given in the Notice of Action (such as you were denied mental health services), you should not use this Client Grievance Form. If you want to appeal or complain about a Notice of Action, please pick up a Client Appeal Form in the San Benito County Mental Health Services office.

The Client Grievance Form and the Client Appeal Form may be returned to San Benito County Mental Health Services by dropping it off with staff, or by mailing it in one of the self-addressed envelopes provided in the office.

Client Name:

Client ID:

Mailing Address (so that we may contact you about your grievance)

Street Address

City

Zip Code

Date that the problem occurred:

Please describe the problem that you would like San Benito County Mental Health to investigate. Give as much information as you can, including who, what, where, when, and why. You may attach additional pages or write on the back of this form if you need to.

When San Benito County Mental Health receives your completed form, a staff person will stamp it with the date. You will be sent a notice in writing that San Benito County Mental Health has received your grievance and is in the process of investigating it. In most cases, San Benito County Mental Health will let you know what the result of your grievance is within 60 days after receiving your grievance. You will receive this result in writing.

**For more information about filing a grievance,
please read the San Benito County Mental Health Client Problem Resolution Guide
or contact San Benito County Mental Health at 831-636-4020.**

FOR OFFICE USE ONLY

Received By (Staff Signature):