



**GRIEVANCE /APPEAL / EXPEDITED APPEAL REQUEST**

Remember, we encourage you to discuss any complaints or issues about your Mental Health services with your Service Provider. You may file a Grievance, Appeal or Expedited Appeal by completing this form and mailing it to: Quality Assurance/ Quality Improvement (QA/QI), 1120 S. Dora St., Ukiah CA 95482, or calling the Grievance line 707-472-2309. This form can be faxed to: 707-463-6868

For questions/assistance on how to file or fill out this Grievance/Appeal/Expedited Appeal form, you can contact your service provider or the Patients’ Rights Advocate (PRA) at 707-463-4614.

**I wish to file:** Grievance  Yes  No Appeal  Yes  No

**Check here if you are requesting that your appeal request be processed through the Expedited Appeals Process. Please explain why you need an Expedited Appeal:** \_\_\_\_\_  
 \_\_\_\_\_

Your Name:	
Your Date of Birth:	
Your Phone Number:	
Your Address:	
Current Provider:	

**DESCRIBE THE GRIEVANCE/APPEAL/EXPEDITED APPEAL**  
**(Please include dates and names, if possible; use additional pages if necessary)**

\_\_\_\_\_  
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**What would you like the solution to be?**

\_\_\_\_\_  
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**Whom have you talked to about the problem?**

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**PLEASE READ AND SIGN BELOW**

You may authorize another person to act on your behalf and this representative may use the Grievance/Appeal/Expedited Appeal process if requested by you. The Patients' Rights Advocate or any staff person can assist you throughout the Grievance/Appeal/Expedited Appeal process and keep you informed of the status of your Grievance/Appeal/Expedited Appeal. The Mental Health Plan (MHP) will ensure that you are not subject to any discrimination or penalty for filing a Grievance/Appeal/Expedited Appeal. You may examine your case file at any time, including medical records and any other documents and records considered during the Grievance/Appeal/Expedited Appeal process.

If you need further information regarding the Grievance/Appeal/Expedited Appeal process, please call QA/QI at 707-472-2360 or the PRA at 707-463-4614.

**For the purpose of resolving this Grievance/Appeal/Expedited Appeal, I authorize the following person to act on my behalf. (Please write N/A if you will not have anyone acting in your behalf):**

<b>Name and phone number of representative:</b>	
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I also understand that the Quality Improvement Representative (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Grievance/Appeal/Expedited Appeal. The QA/QI representative will also be authorized to discuss information needed to evaluate and resolve this Grievance/Appeal/Expedited Appeal. If a representative is assigned, a Release of Information (ROI) is required.

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*Signature*

*Date*

When you have completed, signed and dated this form please mail (or fax 707-463-6868) to:  
**QUALITY IMPROVEMENT, 1120 S. DORA STREET, UKIAH CA 95482**