

CLIENT GRIEVANCE OR APPEAL FORM

If you have a problem with your **OUTPATIENT** mental health services, **call** the Consumer Center for Health Education and Advocacy (CCHEA) or mail this form.

Your Name: _____

Mailing Address: _____

Your Phone Number: _____

Your E-mail (optional): _____

Tell us about your issue (use the back if you need more space):

A self-addressed envelope is available to mail this form to CCHEA.

Consumer Center for Health Education and Advocacy
1764 San Diego Avenue, Suite 200
San Diego, CA 92110

Call 1-877-734-3258

WHAT IS A GRIEVANCE OR APPEAL?

- A **“grievance”** is **any** expression of dissatisfaction about your services.
- An **“appeal”** can be made when the Mental Health Plan authorization for services are denied, reduced, or stopped.
- An **“expedited appeal”** can be made when you or your provider certify that the standard appeal timeline could seriously risk your life, health or ability to function.

PROGRAM NOTICE: This grievance form must be available to clients without having to ask staff for it. This grievance form and process may not be replaced by any internal program grievance or complaint process.