

CLIENT GRIEVANCE OR APPEAL FORM

If you have a problem with your **OUTPATIENT** mental health or substance use disorder services, call the Consumer Center for Health Education and Advocacy (CCHEA) or mail this form (see phone number or address below):

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 authorization for services is 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 form must be made readily available to clients and in an area where they can independently obtain the form. This form and process shall not be replaced by any internal program grievance or complaint process.