



**EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY**

**Mental Health Division
Mental Health Services Act (MHSA) Issue Form**

I. Personal Information

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone _____ Alternate Telephone _____ Email Address _____

Would you like your personal information kept confidential? Yes No

Which of the following best describes your role?

II. MHSA Issue

Which of the following best describes the type of issue?

Please describe the issue and any information that would assist us in the investigation of this issue.

Have you previously reported this issue? Yes No

If you have reported this issue, to whom or what agency did you report the issue to so that we may coordinate efforts? _____

Please submit this form to:

Mental Health Division
Attention: Problem Resolution Coordinator
768 Pleasant Valley Road, Suite 201 ❖ Diamond Springs, CA 95619