EL DORADO COUNTY MENTAL HEALTH PLAN

GRIEVANCE FORM

We encourage you to discuss any complaints or issues about your Mental Health services with your Service Provider. You may file a Grievance by talking to your Service Provider, or to any Mental Health staff with whom you feel comfortable. You may complete this form or phone in your Grievance to The SmithWaters Group, the El Dorado County Patients' Rights Advocate, at (800) 970-5816.

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

DESCRIBE THE GRIEVANCE
(Please include dates and names, if possible; use additional pages if necessary):

I also understand that the Patients' Rights Advocate (or designee) will be authorized to contact any involved provider in order to resolve my Grievance. The Patients' Rights Advocate will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

_____

Signature Date

PLEASE SEE SECOND PAGE

PLEASE READ AND SIGN BELOW:

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

If you need further information regarding the Grievance process, please contact The SmithWaters Group, the El Dorado Patients' Rights Advocate, at (800) 970-5816.

For the purpose of resolving this Grievance, I authorize the following person to act on my behalf or help me with the Grievance process:

Name and phone number of my representative:	

I also understand that The SmithWaters Group, the El Dorado Patients' Rights Advocate, will be authorized to contact my representative (as named above). The SmithWaters Group, the El Dorado Patients' Rights Advocate will also be authorized to discuss any and all information that shall be needed to evaluate and resolve this Grievance.

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Signature Date

When you have completed, signed, and dated this form please mail it to:

The SmithWaters Group
El Dorado County Patients' Rights Advocate
3666 I Street
Sacramento, CA 95816