

What is a Grievance?

El Dorado County Substance Use Disorder Services Grievance Form & Frequently Asked Questions

What is a Grievance?

A Grievance is “An expression of dissatisfaction about any matter other than an Adverse Benefit Determination.”

This includes dissatisfaction with:

- The quality of care or services you received
- Staff behavior or interactions
- How your rights were respected
- Delays or barriers you experienced
- Any other concern or complaint that is not a service denial, reduction, suspension, or delay

This means that if you are unhappy with something (except for payments, denial, or reduction of service) pertaining to the substance use disorder treatment you receive, you may file 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. You will not be subjected to any discrimination or penalty for filing a Grievance. You have a right to know the status of your Grievance at any point and El Dorado County DMC-ODS staff can assist you with that.

You May File a Grievance at Any Time

There is no deadline for filing a grievance. You may submit one whenever you have a concern, regardless of when the issue happened.

Where do I receive a Grievance Form?

Grievance forms are available at all substance use services network provider sites. You can also ask any El Dorado County DMC-ODS employee for this form. If you need any assistance, please phone (530)-621-6290 or (800)-929-1955. You can also find the form online at <https://www.eldoradocounty.ca.gov/Health-Well-Being/Behavioral-Health/Substance-Use-Disorder-Services-SUDS>.

How do I file a Grievance?

You may file a grievance:

- Orally, by speaking with any El Dorado County DMC-ODS provider or staff member
- By phone: (530)-621-6290 or (800)-929-1955
- In writing, by completing the grievance form
- By email (secure): SUDSQualityAssurance@edcgov.us

- By mail or drop-off:
Problem Resolution Coordinator
Substance Use Disorder Services
768 Pleasant Valley Rd.
Diamond Springs, CA 95619

Assistance Is Available

Staff must help you file a grievance if you request assistance. This includes help completing forms and obtaining interpreter or accessibility support.

We hope you will discuss any complaints or issues about your substance use treatment services with your provider. You may file a Grievance by talking to your network provider, or any other El Dorado County DMC-ODS employee with whom you feel comfortable. You do not have to complete the form to file a Grievance. If you want to file a grievance by phone, call (530) 621-6290 or (800) 929-1955. You may also ask any El Dorado County DMC-ODS employee to help you with this process. The county is required to assist you in completing these forms upon your request. This includes, but is not limited to, auxiliary aids and services such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

What should I expect after filing a Grievance?

El Dorado County's Problem Resolution Coordinator (or designee) will investigate your Grievance with the goal of resolving your dissatisfaction. You will receive 2 written responses to your Grievance.

- One written acknowledgment. You will receive a written acknowledgment within 5 calendar days from the date the County receives your grievance.
- One written Notice of Grievance Resolution (the resolution letter) Your grievance will be resolved within 30 calendar days from the date received.

Will I be Retaliated Against for Filing a Grievance?

You will not be treated differently, denied services, or penalized for filing a grievance.

Can Someone Represent Me in Filing?

You may authorize someone to help you with your grievance submission. With your permission, the County may communicate with your representative to resolve the issue.

Do I Have Access to My Records?

You may review your case file, medical records, and any documents used during the review of your grievance at any time.

Grievance Form

Your Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Describe Your Grievance

(Include dates, staff/providers involved, what happened, and the outcome you are seeking.)

Your Signature: _____ Date: _____

Authorized Representative (Optional)

I authorize the following person to act on my behalf in this grievance:

Name: _____ Phone #: _____

Representative Signature (if applicable): _____ Date: _____

Submit Your Grievance:

- Secure Email:
SUDSQualityAssurance@edcgov.us
- Call 800-929-1955 or 530-621-6290
- Mail or Deliver:
Problem Resolution Coordinator
Substance Use Disorder Services
768 Pleasant Valley Rd
Diamond Springs, CA 95619