



ALCOHOL, DRUG & MENTAL HEALTH SERVICES  
MANUEL JIMENEZ, MA, MFT, DIRECTOR

Quality Assurance Office  
Consumer Assistance  
2000 Embarcadero Cove, Suite 400  
Oakland, California 94606  
(510) 567-8100 / TTY (510) 567-6884  
Toll Free: 1 (800) 779-0787  
FAX: (510) 639-1346

### GRIEVANCE or APPEAL REQUEST

This form is used to file a Grievance or to request an Appeal. If you need assistance in completing this form, you can request help from your provider or by calling Consumer Assistance at (800) 779-0787 or Patient’s Rights at (510) 835-2505. **A signed *Authorization for Release of Confidential Information* needs to be submitted along with this form.** The Grievance or Appeal Request can be submitted to your provider (MD, case manager, clinician, the Program Supervisor, etc.) or mailed directly to Consumer Assistance at: 2000 Embarcadero Cove, Suite 400, Oakland, CA 94606. **Please fill out both sides of this form.**

I wish to file: (choose one)     Grievance     Appeal

Check here if you are requesting that your Appeal be processed through the Expedited Appeals Process (see requirements for an Expedited Appeal)

Your address and phone number are important. We need this information to contact you about the outcome of your Grievance or Appeal. **PLEASE PRINT:**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Daytime Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

May we leave a message at the above #?     Yes     No

Current Provider: \_\_\_\_\_

If Applicable, Person Representing You: \_\_\_\_\_

Their Address: \_\_\_\_\_

Their Daytime Phone: \_\_\_\_\_



**Please answer the following questions. Attach additional pages if needed.**

What is the problem? \_\_\_\_\_

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What have you done to try to resolve the problem? \_\_\_\_\_

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What would you like the solution to be? \_\_\_\_\_

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\_\_\_\_\_  
Consumer (or Consumer's Representative) Signature

\_\_\_\_\_  
Date

***You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal. Your confidentiality will be protected at all times in accordance with State and Federal law. You may request a State Fair Hearing following the completion of the Grievance or Appeal Process.***