



BEHAVIORAL HEALTH CLIENT PROBLEM RESOLUTION REQUEST

Date _____

Name _____ Phone # _____

Mailing Address _____

Name of person filing request, if **not** the client:

Name _____ Phone # _____

Mailing Address _____

What type of request are you filing?

Grievance Standard Appeal Expedited Appeal MHSA Complaint

Request:

(if needed, you may attach another sheet or other documentation)

Client Signature _____ Date _____

Send form to: Quality Improvement Coordinator
Humboldt County DHHS Behavioral Health
720 Wood St. Eureka, CA 95501
You may also reach us by calling 707-268-2955, option 3
or by faxing 707-476-4096.
Email: MHB-QI_QA@co.humboldt.ca.us