



# 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

Request:

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(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.

