



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:



BEHAVIORAL HEALTH CLIENT PROBLEM RESOLUTION 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.



BEHAVIORAL HEALTH CLIENT PROBLEM RESOLUTION REQUEST

For Quality Improvement Coordinator Use Only

ROI obtained

Date Received _____ Date Forwarded _____ To _____

Date initial letter sent to client _____ **Due Date** _____

Type of Request Grievance Standard Appeal Expedited Appeal
 NOABD Appeal MHSA Complaint

Resolution/Action Taken:

Signature of Manager _____ Date _____

Date Client Notified _____

Date QIC Notified _____ (include copy of documentation)

Date Forwarded to DHHS Compliance Officer (if applicable) _____