

GRIEVANCE/APPEAL FORM

Mail or FAX to:

Placer County Systems of Care Managed Care
11716 Enterprise Dr., Auburn, CA 95603
PHONE: (530) 886-5400 FAX: (530) 886-5499

I am filing a (check one): Grievance Appeal

Name of person making a Formal Complaint (Grievance)/Appeal: _____

I am a (check one): Member Provider Other (please specify): _____

Mailing Address: _____ City/Zip Code: _____

Telephone Number (please include area code): () _____

In the space below, please summarize the problem(s) you have had. Attach additional sheets as necessary.

Please make any suggestions for resolution: _____

Signature: _____ Date: _____

If submitting Grievance/Appeal on behalf of a Client, print name of Client: _____

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For County Use Only
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Resolution: _____

_____ Date written response sent: _____

Signature of County Staff: _____ Date: _____