Placer County Systems of Care Appeal/Grievance Form

Note: Filing an Appeal/Grievance will not adversely affect the services you receive from Placer County Systems of Care. The client will be contacted by the QI Department within required timeframes. Please mail or fax this form to the address on the bottom of this form.

I am filing a (check one): ☐ Appeal ☐ Grievance ☐ Expedited Appeal
(Check "Appeal" if you have had a service denied or reduced, and you disagree with this decision. Check "Grievance" for any other complaint.)

Type of service: ☐ Mental Health ☐ Substance Use

Name of client filing Appeal/Grievance: _____

I am (circle one): ☐ Client ☐ Acting on Client's Behalf ☐ Other _____

Mailing Address: _____

Telephone Number: (_____) _____

Please summarize the problem(s) you have using specific details. Attach additional sheets as necessary:

_____

_____

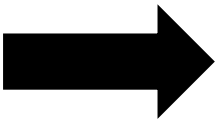
_____

_____

Please describe what you have done to try to resolve the problem:

_____

_____



Please make any suggestions for resolution:

If you would like information about this Appeal/Grievance to be given to anyone, please list their name(s) here:

Client Signature: _____ Date: _____

Signature of person acting on client's behalf:

_____ Date: _____

For County Use Only

Resolution: _____

_____

_____

Signature of County Staff: _____ Date:_____

Date written response sent to client:_____

Mail or fax this from to: **Placer County Systems of Care**
Quality Management Designee
101 Cirby Hills Drive
Roseville, CA 95678
Phone: 916-787-8979 or 530-886-5419
Fax: 916-872-6521