

# 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: (\_\_\_\_\_) \_\_\_\_\_

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

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

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**Please make any suggestions for resolution:**

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

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**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of person acting on client's behalf:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

For County Use Only

**Resolution:** \_\_\_\_\_

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**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**