CONSUMER GRIEVANCE REVIEW REQUEST FORM

CONTRA COSTA COUNTY BEHAVIORAL HEALTH SERVICES
LANGUAGE ASSISTANCE

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (888) 678-7277 (TTY: 711).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (888) 678-7277 (TTY: 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 678-7277 (TTY: 711).

Tiếng Việt (Vietnamese)

Tagalog (Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (888) 678-7277 (TTY: 711).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (888) 678-7277 (TTY: 711) 번으로 전화해 주십시오.
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (888) 678-7277 (TTY: 711)。

Հայերեն (Armenian)
ՈՒՇԱÐՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություններ:
Զանգահարեք (888) 678-7277 (TTY: 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (888) 678-7277 (TTY: 711).

فارسي (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد با (888) 678-7277 (TTY: 711) تماس بگیرید.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(888) 678-7277 (TTY: 711)
まで、お電話にてご連絡ください。

Hmoob (Hmong)
The page contains information in multiple languages, which translates to:

**Punjabi**

ਧਾਤੀਵਾਡਾ: ਤੁਸਦਾ ਸਹਾਇਤਾ ਦਾ ਇਹ ਅੰਕਾਰ ਹੈ। 
(888) 678-7277 (TTY: 711) ਤੇ ਕਾਲ ਕਰੋ।

**Arabic**

ملحوظة: إذا كنت تتحدث إنجليزية، فإن خدمات المساعدة اللغوية تتوفر كالمجان. اتصل برقم 777-6788 (888) رقم هاتف الصم والبكم: 711.

**Hindi**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (888) 678-7277 (TTY: 711) पर कॉल करें।

**Thai**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (888) 678-7277 (TTY: 711).

**Cambodian**

ត្រូវបានសរសេរ: ដៃសីអេសូនិយមិនគិត្◌ួអ្េ◌ើនក។ ចូទូស័ព� (888) 678-7277 (TTY: 711)។

**Lao**

โฆឆ៉ាវ: គឺជាការប្រឈមជាច្រើន។ ការប្រឈមជាច្រើនគឺអគ្គីភាពសម្រាប់ជាច្រើន។ ផល់ផ្តល់់ (888) 678-7277 (TTY: 711).
IMPORTANT INFORMATION YOU SHOULD KNOW

If you need assistance with completing this form:

* You may ask any staff at each program to assist you.

* You may call the Grievance Advocate (not a direct County employee) at (925) 293-4942. Collect calls are accepted.

What is a Grievance?

A grievance is an expression of dissatisfaction about anything regarding your specialty mental health services that are not one of the problems covered by the appeal and State Hearing processes.

The grievance process will:

• Involve simple and easily understood procedures that allow you to present your grievance orally or in writing.
• Not penalize you or your provider in any way.
• Allow you to authorize another person to act on your behalf, including a specialty mental health provider. If you authorize another person to act on your behalf, the CCMHP might ask you to sign a form authorizing the CCMHP to release information to that person.
• Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
• Identify the roles and responsibilities of you, your CCMHP and your provider.
• Provide resolution for the grievance in the required timeframes.
When Can I File a Grievance?

You can file a grievance anytime with the Contra Costa Mental Health Plan (CCMHP) if you are unhappy with the specialty mental health services you are receiving from CCMHP or have another concern regarding CCMHP.

How Can I File a Grievance?

You may call the Access Line at (888) 678-7277 to get help with a grievance. CCMHP will provide self-addressed envelopes at all the providers’ sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address on this form. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If the CCMHP Received My Grievance?

CCMHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

CCMHP must make a decision about your grievance within 90 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if CCMHP believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when CCMHP believes it might be able to resolve your grievance if they have more time to get information from you or other people involved.
How Do I Know If the CCMHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, CCMHP will notify you or your representative in writing of the decision. If CCMHP fails to notify you or any affected parties of the grievance decision on time, then CCMHP will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. CCMHP will provide you with a Notice of Adverse Benefit Determination on the date the timeframe expires.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

Client/families will not be subject to any manner of discrimination, penalty, sanction or restriction for exercising their rights.

For Additional information, please call:
• (925) 957-5160 Office of Quality Improvement
• (888) 678-7277 Mental Health Access Line
A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the appeal and State Hearing processes.

Your current Contra Costa County Mental Health services will NOT be adversely affected in any way by filing a grievance.

Please Print or Type

1. The following information is required to proceed with a grievance:

   TODAY’S DATE ______________

   CLIENT NAME ______________________________ BIRTHDATE __________

   NAME OF LEGAL GUARDIAN ______________________________

   IF ON BEHALF OF MINOR ______________________________

   ADDRESS ____________________________________________

   CITY ________________________________________________

   BEST TIME TO CALL _________________________________

   PHONE ______________

2. Describe the reason(s) for filing a grievance. Be specific by including names, dates, and time whenever possible. (Attach additional pages if necessary.)
3. Have you tried to resolve the problem(s) before filing a grievance?
   □ No. I have not made any prior attempt to resolve the problem(s).
   □ Yes. Please describe what you have done to try to resolve the problem and include the results.

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

4. What would you like to happen to resolve the grievance?

   ____________________________________________________________

5. Please add anything else you would like us to know. You may attach additional pages.

   ____________________________________________________________

   ____________________________________________________________

SIGNATURE OF PERSON
MAKING REQUEST                       ________________ DATE __________

RETURN THIS FORM TO:
QUALITY IMPROVEMENT COORDINATOR
BEHAVIORAL HEALTH SERVICES ADMINISTRATION
1340 Arnold Dr., #200, Martinez, CA 94553
Phone (925) 957-5160     Fax (925) 957-5156
Our Mission

The mission of Contra Costa Behavioral Health, in partnership with consumers, families, staff and community-based agencies, is to provide welcoming, integrated services for mental health, substance abuse, homelessness and other needs that promote wellness, recovery, and resiliency while respecting the complexity and diversity of the people we serve.

Our Vision

Contra Costa Behavioral Health envisions a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate, and respectful.