

IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

202 North Eighth Street

El Centro, CA 92243

Grievance Form

Instructions: You may submit a grievance at any ICBHS clinic/program or mail the Grievance Form in the pre-addressed envelopes to Imperial County Behavioral Health Services, Quality Management Unit at 202 N. Eighth Street, El Centro, California 92243. You will not be subject to any penalty or discrimination for filling a Grievance. For assistance or information regarding the status of this grievance, you may contact the Patient's Rights Advocate at 1-800-817-5292.

Client's Name:	DOB:	Date:
----------------	------	-------

Address:	City:	State:	Zip Code:
----------	-------	--------	-----------

Home Phone:	Cell Phone:
-------------	-------------

Representative:	Relationship:
-----------------	---------------

My current provider is:

I have the following Grievance:

I think the following action will resolve this Grievance:

Client/Representative:

Signature

Date

ICBHS ONLY

For grievances received over the telephone or in-person that are resolved to the beneficiary's satisfaction by the close of the next business day following receipt of the grievance, complete this section:

Resolution to the grievance:

Signature and Title

Date

Please submit a photocopy to the Quality Management Unit, attn: Patients' Rights Advocate, upon resolution of the grievance.