

**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:
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Address:	City:	State:	Zip Code:
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Home Phone:	Cell Phone:
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Representative:	Relationship:
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My current provider is:

**I have the following Grievance:**

I think the following action will resolve this Grievance:

Client/Representative: _____	Signature	_____	Date
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