IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Grievance Form

If you have experienced a problem with your provider or the services you have received, you may file a grievance. A grievance means an expression of dissatisfaction about any matter other than Adverse Benefit Determination. Grievances may be filed orally or in writing by the member, provider, or the member's authorized representative.

A grievance may be filed at any time by:

- Email: BHSPRA@co.imperial.ca.us
- Mail: Imperial County Behavioral Health Services Attn: Patients' Rights Advocate, 202 N. 8th Street, El Centro, CA 92243
- In Person: At any ICBHS location
- Phone: 1-800-817-5292 or 442-265-1525

We will let you know your grievance was received by either sending you a written acknowledgement within five (5) calendar days of receipt of the grievance or by speaking to you directly within one (1) business day.

For more information, please see the Member Handbook or our Patients' Rights webpage: https://bhs.imperialcounty.org/patients-rights/

Member's Name:	DOB:	Date:
Address:	City:	Zip Code:
Phone:	Best Time to Call:	
Representative Name:	Relationship to Member:	
Grievance:		

Signature _____ Date _____