## IMPERIAL COUNTY MENTAL HEALTH PLAN 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. You will receive a decision from ICBHS withing 90 calendar days. 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:
Telephone(s): Home:		Cell:	
Representative:		Relationship:	
My current provider is:			
I have the following Grievand	c <u>e:</u>		
I think the following action wi	ill resolve this Grievan <u>ce:</u>		
I understand that I will receiv	ve a response to this reque	st within ninety (90) o	alendar davs.
Client/Representative:			
<u> </u>	Signature		Date
	Departme	nt Decision	
Signature <u>:</u>		Date:	

ICBHS 11-01 (07/18)

**Upon Submitting Grievance Form:** 

Upon Completion of the Department Decision:

Pink Copy: Beneficiary
Photocopy: Quality Management
Original/Can: Deputy Director/Designee

Original: Beneficiary
Canary Copy: Quality Management
Photocopy: Provider