



BEHAVIORAL HEALTH CLIENT PROBLEM RESOLUTION REQUEST

Date _____

Client Name _____

Client DOB _____

Client Phone # _____

Client Mailing Address

Name of person filing request, if **not** the client:

Name _____ Phone # _____

Mailing Address _____

What type of request are you filing?

- Grievance
- Standard Appeal
- Expedited Appeal
- MHSA Complaint
- Discrimination Grievance

Request:

(If needed, you may attach another sheet or other documentation)

Client Signature _____ Date _____

Send form to: Quality Improvement Coordinator
Humboldt County DHHS Behavioral Health
720 Wood St.
Eureka, CA 95501

You may also reach us by calling 707-268-2955, option 3
or by faxing 707-476-4096.