

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES
P.O. Box 1640 • 1450 Main Street • Weaverville, CA 96093
Telephone (530) 623-1362 • Toll Free (888) 624-5820 • Fax (530) 623-1447
Patient Rights Advocate: The SmithWaters Group • (800) 970-5816

PROBLEM RESOLUTION GRIEVANCE/APPEAL FORM

Please check one:

- GRIEVANCE** – Any dissatisfaction you may have experienced in relation to our services.
- APPEAL** – A request to review a decision by TCBHS to deny, limit, or reduce service; **OR** to reduce, suspend, **OR** terminate a previously authorized service; **OR** to deny payment for service; **OR** to fail to provide service in a timely manner; **OR** a failure to act within the timeframes for the disposition of a standard grievance, appeal, or expedited appeal.
- EXPEDITED APPEAL** – A request to review one of the above actions when using the standard resolution could jeopardize the beneficiary’s life, health, or ability to attain, maintain, or regain maximum function.

Name of person filing grievance or appeal: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # (including Area Code): (____) _____ Date of Birth: _____

Name of person filing grievance or appeal, if not the consumer: _____

Is the consumer a Medi-Cal beneficiary? Yes No Unknown

Grievance or Appeal

CONSUMER SIGNATURE

DATE

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES
P.O. BOX 1640
WEAVERVILLE, CA 96093

TRINITY COUNTY BEHAVIORAL HEALTH SERVICES
COMPLIANCE OFFICER
P.O. BOX 1640
WEAVERVILLE, CA 96093

CONFIDENTIAL