**CLIENT GRIEVANCE OR APPEAL FORM**

If you have a problem with your **OUTPATIENT** mental health or substance use disorder services, call the Consumer Center for Health Education and Advocacy (CCHEA) or mail this form (see phone number or address below):

Your Name:

Mailing Address:

Your Phone Number:

Your E-mail (optional):

Tell us about your issue (use the back if you need more space):

A self-addressed envelope is available to mail this form to CCHEA.

**Consumer Center for Health Education and Advocacy**

**1764 San Diego Avenue, Suite 200**

**San Diego, CA 92110**

**Call 1-877-734-3258**

**WHAT IS A GRIEVANCE OR APPEAL?**

* A **“grievance”** is ***any*** expression of dissatisfaction about your services.
* An **“appeal”** can be made when the authorization for services is denied, reduced, or stopped.
* An **“expedited appeal”** can be made when you or your provider certify that the standard appeal timeline could seriously risk your life, health or ability to function.

**PROGRAM NOTICE:**  This form must be made readily available to clients and in an area where they can independently obtain the form. This form and process shall not be replaced by any internal program grievance or complaint process.