

Sierra County Behavioral Health Appeal/Grievance Form

Note: Filing an Appeal/Grievance will not adversely affect the services you receive from Sierra County Behavioral Health. The client will be contacted by the QI Department within required time frames. Please mail or fax this form to the address on the bottom of this form.

I am filing a (check one): Appeal Grievance Expedited Appeal
(Check "Appeal" if you have had a service denied or reduced, and you disagree with this decision. Check "Grievance" for any other complaint.)

Type of service: Mental Health Substance Use

Name of client filing Appeal/Grievance: _____

I am (circle one): Client Acting on Client's Behalf Other _____

Mailing Address: _____

Telephone Number: (_____) _____

Please summarize the problem(s) you have using specific details. Attach additional sheets as necessary:

Please describe what you have done to try to resolve the problem:



Please make any suggestions for resolution:

If you would like information about this Appeal/Grievance to be given to anyone, please list their name(s) here:

Client Signature: _____ **Date:** _____

Signature of person acting on client's behalf:

_____ **Date:** _____

For County Use Only

Resolution: _____

Signature of County Staff: _____ **Date:** _____

Date written response sent to client: _____

**Mail or fax this from to: Sierra County Behavioral Health
Quality Management Designee
PO Box 265
Loyalton, CA 96118
Phone: 530-993-6746 or
530-993-6770 Fax: 530-993-6759**