

# What Is A Grievance?

## Confidential Client Information

Sutter-Yuba Behavioral Health

Frequently Asked Questions about Grievances

### **What is a Grievance?**

A Grievance is an expression of dissatisfaction about any matter other than A Notice of Adverse Benefit Determination (NOABD). This means if you are unhappy with anything pertaining to the services you receive at Behavioral Health you may file a Grievance.

- Grievances may be presented orally, or in writing.
- Individuals will not be subject to discrimination or any other penalty for filing a grievance and may authorize other persons to act on their behalf.
- All grievances will be handled in a confidential manner.

### **Where do I receive a Grievance form?**

Grievance forms are available at all Sutter-Yuba Behavioral Health sites. You can also ask any Behavioral Health employee for a form.

### **How do I file a Grievance?**

We hope you will discuss any concerns or issues about your Behavioral Health services with your Service Provider. You may file a Grievance by talking to your Service Provider, or any other Behavioral Health staff you feel comfortable with. You do not have to complete this form to file a Grievance.

If you need assistance in filing a Grievance, please contact one of the following Behavioral Health staff for further information:

1. Quality Assurance Staff Analyst: (530) 822-7200
2. **Toll-Free:** 1-888-923-3800
3. TTY-CRS to Voice: 1-800-735-2929
4. Patient's Rights Advocate Ph: (530) 822-7200 press 8  
PO Box 1694, Yuba City, CA 95992

### **What should I expect after filing a Grievance?**

Sutter-Yuba Behavioral Health (SYBH) will investigate your Grievance in hopes to resolve your dissatisfaction. SYBH must respond to you in writing. You will receive two letters. The first letter will be a notice that we have received your Grievance. The second letter will be sent to you with the results of the investigation within 90-calendar days from the date the grievance is filed. A 14-day extension may be granted under certain circumstances.

# Grievance Form

**Note:** Filing a grievance shall not adversely affect your services with Sutter-Yuba Counties Mental Health Plan. The member or representative will be contacted by Sutter-Yuba Counties Mental Health Plan's Quality Management Staff and will receive a written response within (90) ninety calendar days. Please complete this form.

Date: \_\_\_\_\_ Service Location: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If client is a minor, then name of legal guardian filing on behalf of minor: \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

Phone Number (Please indicate best time to call): \_\_\_\_\_

**Please print or write legibly.**

**1. Describe the reason(s) for requesting a grievance. Please be specific by including names, dates, and times whenever possible.**

Dates(s) of incident: \_\_\_\_\_

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**2. Have you tried to resolve the problem(s) before requesting the grievance?**

**Yes** Please describe what you have done to try to resolve the problem and include the results.

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**No** I have not made any prior attempts to resolve the grievance.

**3. What would you like to see happen to resolve this grievance?**

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Today's Date:	Signature of person making the Grievance:
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