

IMPERIAL COUNTY MENTAL HEALTH PLAN
202 North Eighth Street
El Centro, CA 92243
Grievance Form

Instructions: You may submit a grievance at any ICBHS clinic/program or mail the Grievance Form in the pre-addressed envelopes to Imperial County Behavioral Health Services, Quality Management Unit at 202 N. Eighth Street, El Centro, California 92243. You will not be subject to any penalty or discrimination for filling a Grievance. You will receive a decision from ICBHS within 90 calendar days. For assistance or information regarding the status of this grievance, you may contact the Patient's Rights Advocate at 1-800-817-5292.

Client's Name:	DOB:	Date:
Address:	City:	State: Zip Code:
Telephone(s): Home:	Cell:	
Representative:	Relationship:	
My current provider is: _____		
I have the following Grievance: _____		
I think the following action will resolve this Grievance: _____		
I understand that I will receive a response to this request within ninety (90) calendar days.		
Client/Representative: _____		
Signature		Date
Department Decision		
Signature: _____ Date: _____		