



Berkeley Mental Health Suggestion/Complaint/Grievance Form

(Your services will NOT be adversely affected in any way by completing this form)

Today's Date: _____

Please check all that apply. This is a:

- Suggestion
- Complaint/Grievance
- Request for change of provider (My provider is: _____)
- Request for access to my medical records (copying fee may apply)
- Appeal hearing (attach complaint response letter)

Please Print. Be specific by giving names, dates and times whenever possible. You may attach additional pages if necessary.

- 1. What is your suggestion/complaint/grievance request?**

- 2. For complaints/appeals only: If you have already done something to attempt to resolve your complaint, what have you done and what were the results?**

- 3. What would you like to see happen?**

- 4. If you would like to be contacted regarding this matter complete the information below:**

Name: _____

Address: _____ City: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Completed form can be E-mailed, mailed or dropped off at the address below, please put to the attention of the Compliance Unit.