



Substance Abuse Prevention and Control
 1000 South Fremont Avenue; Building A-9 East, 3rd Floor
 Alhambra, California 91803



GRIEVANCE FORM

A grievance (or complaint) is an expression of unhappiness about your substance use treatment services.

You may file a GRIEVANCE at any time and may authorize another person to act on your behalf, if you choose.

You will not be subject to discrimination or any other penalty for filing a grievance. Your confidentiality will be protected in accordance with State and Federal law.

1. Date:		
PERSON FILING THE GRIEVANCE		
2. Name (Last, First, and Middle):	3. Date of Birth (mm/dd/yyyy):	4. Medi-Cal or MHLA #:
5. Street Address:	City	Zip Code:
6. Phone Number or e-mail:	Is it okay to leave a voice message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
REPRESENTATIVE INFORMATION (IF APPLICABLE)		
7. Name of Person/Entity:	8. Relationship to Person Filing:	9. Phone Number:
10. Street Address:	City	Zip Code
11. To authorize this person/entity to act on your behalf, as the person filing the grievance, please sign here: _____		
GRIEVANCE IS BEING FILED AGAINST		
12. Who is the grievance being filed against (treatment provider or SAPC):		13. Phone Number:
14. Street Address:	City	Zip Code:

INFORMATION ABOUT THE GRIEVANCE

15. Please provide a description of the grievance (or complaint). Include information such as dates, events, and individuals, decision, action involved. Attach any additional documentation, as necessary.

16. Print Name:

17. Signature:

18. Date:

AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION

By signing this document, you give permission to the Los Angeles County – Department of Public Health, Substance Abuse Prevention and Control to investigate your complaint/grievance. This Authorization will allow your treatment provider(s) to disclose the following information to investigate your complaint/grievance:

- **Your past and current substance use disorder treatment records; and**
- **Other information relating to your grievance or appeal and/or denial or rights.**

This information cannot be further used or disclosed unless another authorization is received from you or when disclosure is specifically permitted or required by law.

This Authorization will expire on the date of the resolution of your Grievance or Appeal.

EXTERNAL SAPC REVIEW *This section will include communication between SAPC and the agency/provider.*

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to APPLICABLE Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR Part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to who it pertains unless otherwise permitted by law.

Comments:

Assigned Staff: _____ Reviewed by: _____ Signature: _____ Date: _____

INTERNAL SAPC USE ONLY *This section is reserved for internal SAPC use only.*

Comments:

Assigned Staff: _____ Reviewed by: _____ Signature: _____ Date: _____

YOU CAN SUBMIT THE GRIEVANCE FORM ANY OF THE FOLLOWING WAYS:

Email: SAPCmonitoring@ph.lacounty.gov

Fax: (626) 458-6692

Mail: Substance Abuse Prevention and Control, Contract and Compliance Division
1000 South Fremont Avenue, Building A9 East, 3rd floor
Alhambra, California 91803

TO FILE A GRIEVANCE BY PHONE OR FOR QUESTIONS - (888) 742-7900

For more information on filing a Grievance, refer to Your Patient Handbook or visit
SAPCs Webpage at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

**LANGUAGE ASSISTANCE IS AVAILABLE BY CALLING:
1-844-804-7500**