



GRIEVANCE/COMPLAINT FORM

The Department of Public Health Substance Abuse Prevention and Control (SAPC) is the specialty substance use disorder treatment plan for the County of Los Angeles. While receiving substance use disorder treatment, you have the right to express complaints or concerns about the services you receive using the problem resolution process.

HOW THE PROBLEM RESOLUTION PROCESS WORKS - GRIEVANCE (OR COMPLAINT)

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

If you are unhappy with your substance use disorder services, you may file a grievance (or complaint).

- You will not be subject to discrimination for filing a grievance and it will not affect the treatment services you receive.
- You may file a complaint at any time in writing (e-mail or mail) or verbally (in person or phone) with your treatment provider or directly with SAPC (see contact information below).
- You may authorize another person to act on your behalf, including your treatment provider.
- Your confidentiality will be protected according to government laws (W&I 5328 and 42 CFR Part 2).
- Your complaint will be investigated and resolved within 90 days from the date the complaint is received by SAPC, unless a 14-day extension is granted.
- If you disagree with a complaint decision, you may refile a grievance for review.

If you are a Medi-Cal recipient, you also have the right to file an **appeal** if you receive a Notice of Adverse Benefit Determination (NOABD) telling you of a decision to deny or change your treatment services. Ask your treatment provider or go to the SAPC website to find the appeal form at: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>.

Tell us about your complaint by completing the information below. If you need assistance in completing this form, call 1-626-299-4532.

1. Date:		
PERSON FILING THE GRIEVANCE		
2. Name (First, Last and Middle):	Did anyone help you complete this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Street Address:	City:	Zip Code:
4. Phone Number or E-mail:	5. Is it okay to leave a voice message or e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE IF AUTHORIZING A REPRESENTATIVE TO FILE A COMPLAINT ON YOUR BEHALF

6. Name of Representative:

7. Relationship or Agency:

8. Phone Number

9. If authorizing another person or entity to represent you in filing a complaint, please sign below:

I authorize the person or entity named above to serve as my representative for this grievance/complaint.

INFORMATION ABOUT YOUR GRIEVANCE

10. Grievance/Complaint Type (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Service not available/inaccessible | <input type="checkbox"/> Denied services/referral/appointment |
| <input type="checkbox"/> Enrollment/disenrollment issues (Medi-Cal only) | <input type="checkbox"/> Patient Rights violation |
| <input type="checkbox"/> Problems with payment to provider | <input type="checkbox"/> Quality/appropriateness of care |
| <input type="checkbox"/> Staff issue/customer service | <input type="checkbox"/> Billing |
| | <input type="checkbox"/> Other |

11. Please describe your grievance/complaint. Attach additional pages or supporting documentation.

Signature of Person or Authorized Representative

Date

YOU CAN SUBMIT THE GRIEVANCE ANY OF THE FOLLOWING WAYS:

- Email: SAPCmonitoring@ph.lacounty.gov
 - Phone: (626) 299-4532
 - Fax: (626) 458-6692
- Mail: Substance Abuse Prevention and Control, Contract and Compliance Section
1000 South Fremont Avenue, Building A9 East, 3rd floor Alhambra, California 91803

If you need this form in alternate format (e.g. another language, large print, braille, or audio), call 1-888-742-7900

For more information on the problem resolution process, please refer to your patient handbook or visit us at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>