



Department of Behavioral Health
PATIENTS' RIGHTS OFFICE GRIEVANCE APPEAL FORM

FORM TO BE COMPLETED BY CLIENT AND FORWARDED TO PATIENTS' RIGHTS

850 East Foothill Boulevard, Rialto, CA 92376
(800) 421-4657 • Toll Free (800) 440-2391 • Fax (909) 421-9258

Client Name: _____ Date: _____
(Please print / write clearly)

Date of Birth: _____ Gender: [] M [] F Preferred Language: _____

Home Address: _____

City: _____ Zip: _____ Phone: _____

Alternate Phone: _____

Facility or Provider Name: _____

Using Authorized Representative: [] No [] Yes if yes,

Name: _____

Phone: _____

What is your complaint regarding the way in which your original grievance was resolved?

Multiple horizontal lines for writing the complaint.

Once you have completed this Appeal form, an Advocate from Patients' Rights will contact you to discuss your appeal. In order to help resolve your appeal, Patients' Rights may need to discuss your concerns with other individuals. These other individuals might include your service provider, your provider's supervisor, or administrators within the Department of Behavioral Health. In order to allow Patients' Rights to discuss your appeal with these other individuals, we need to obtain your written permission to obtain information about your appeal.

Client's Signature: _____ Date: _____



LANGUAGE TAGLINES

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call [1-888-743-1478] (TTY: [711]).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-888-743-1478] (TTY: [711]).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [1-888-743-1478] (TTY: [711]).

Tagalog (Tagalog– Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [1-888-743-1478] (TTY: [711]).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [1-888-743-1478] (TTY: [711])번으로 전화해 주십시오.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 [1-888-743-1478] (TTY: [711])。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք [1-888-743-1478] (TTY (հեռատիպ) [711]):

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [1-888-743-1478] (телетайп: [711]).

فارسی (Farsi)

فارسی گ ف ت گومی ک نید، ت سه یلات زبانی نابز هب رگا: ت وجه
ب صورت رایگان ب رای شما
ت ماس ب گ یرید د. [1-888-743-1478] (TTY: [711]) ف راهمی ب اشد. ب ا



LANGUAGE TAGLINES

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 [1-888-743-1478] (TTY: [711]) まで、お電話にてご連絡ください。

Hmoob (Hmong) LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau [1-888-743-1478] (TTY: [711]).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬ ਬੋਲਿ ਰੋ, ਤਾਂ ਭਾਸ਼ਾ ਯੋਜਨਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। [1-888-743-1478] (TTY: [711]) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم [1-888-743-1478] (TTY: [711]) رقم هاتف الصم والبكم.)

हिंदी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [1-888-743-1478] (TTY: [711]) पर कॉल करें।

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร [1-888-743-1478] (TTY: [711]).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន: អ្នកដែលនិយាយភាសាខ្មែរ, រសវាជំនួយមនុស្សភាសា រោយមិនគិតថ្លៃ ក៏អាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ [1-888-743-1478] (TTY: [711])។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [1-888-743-1478] (TTY: [711]).