

**To obtain information  
on the status of a pending  
grievance, contact the  
Quality Improvement  
Coordinator at  
(800) 660-3570.**

**RIVERSIDE COUNTY MENTAL  
HEALTH PLAN**

**GRIEVANCE PROCEDURE/FORM**

**Jerry Wengerd, Director**



**BOARD OF SUPERVISORS:**

District I	Bob Buster
District II	John Tavaglione
District III	Jeff Stone
District IV	Roy Wilson
District V	Marion Ashley

June 2005

**RIVERSIDE COUNTY  
DEPARTMENT OF MENTAL HEALTH  
GRIEVANCE PROCEDURE**

A consumer and/or consumer's representative may file a grievance, orally or in writing, with his/her service provider, the Central Access Team, or the Quality Improvement Program. A grievance is defined as an expression of dissatisfaction concerning services received from the Mental Health Plan. Examples of grievances might be as follows: the quality of care or services provided, aspects of interpersonal relationships such as rudeness of an employee, etc. A grievance is not an appeal of a service request that has been modified, denied and/or reduced, suspended, or terminated (see Appeals Procedure Brochure).

Enclosed is a Grievance Form for the consumer and/or consumer's representative to use to file a written grievance. If you need assistance in completing the form, you can request help from your provider, or by

calling the Quality Improvement Program at (800) 660-3570, or Patients' Rights at (800) 350-0519, or locally (951) 358-4600.

The Grievance Form can be submitted to your provider, the program supervisor, the Central Access Team, or mailed directly to Quality Improvement in the self-addressed envelope available in your provider's lobby or reception area.

**You will not be subject to discrimination or any other penalty for filing a grievance.**