TMHA
Transitions-Mental Health Association

Client Grievance Form

This form may be used to document a Concern, Complaint or Grievance in all programs
Thank you for bringing this to TMHA's attention.

TMHA Program, if known: _____

For TMHA Programs in San Luis Obispo County, Grievances may also be filed with SLO County's Patients Rights advocate: (805) 781-4738.
For Community Care Licensing Programs, Grievances may also be filed with CCL 1-844-LET-US-NO (1-844-538-8766).
For TMHA Programs in Santa Barbara County, Grievances may also be filed with SB County's Patients Rights advocates: Enrique Bautista (805-451-7211) and Monica Ruiz (805-588-0351)

Date: _____

Name of Person completing this form: _____

Address: _____

Telephone Number: _____

Description of Complaint/Grievance: _____

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Client Grievance Form Continued

Action Requested: _____

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_____
Signature of Person Completing this Form

Submit this Form to any TMHA employee or office. Or mail to:

Transitions-Mental Health Association
Quality Assurance
PO Box 15408
San Luis Obispo, CA 93406

For Office Use:

Please follow TMHA Grievance Protocol.

Date Form Received: _____ **Employee Receiving Form:** _____

Name of Program Manager or Director notified: _____

Date of outreach to schedule a meeting: _____ **Date of Meeting:** _____

TMHA Staff: Please follow TMHA Grievance Protocol, and write a Resolution Summary: a brief written summary of the resolution of this grievance, signed by a TMHA Director and the client. This Resolution Summary will be attached to this Grievance form and submitted to the TMHA Quality Assurance Specialist for record maintenance.

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