

What Is a Grievance?

Sutter-Yuba Behavioral Health Frequently Asked Questions about Grievances
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What is a Grievance?

A Grievance is an expression of dissatisfaction about any matter other than A Notice of Adverse Benefit Determination. This means if you are unhappy with anything pertaining to the services you receive at Behavioral Health you may file a Grievance.

- Grievances may be presented orally, or in writing at any time by the member or an authorized representative acting on behalf of the member.
- Individuals will not be subject to discrimination or any other penalty for filing a grievance and may authorize other persons to act on their behalf.
- All grievances will be handled in a confidential manner.

Where do I receive a Grievance form?

Grievance forms are available at all Sutter-Yuba Behavioral Health sites. You can also ask any Behavioral Health employee for a form.

How do I file a Grievance?

We hope you will discuss any concerns or issues about your Behavioral Health services with your Service Provider. You may file a Grievance by talking to your Service Provider, or any other Behavioral Health staff you feel comfortable with. You do not have to complete this form to file a Grievance.

If you need assistance in filing a Grievance, please contact one of the following Behavioral Health staff for further Information:

1. Quality Assurance Staff Analyst: (530) 822-7200
 2. **Toll-Free:** 1-888-923-3800
 3. TTY-CRS to Voice: 1-800-735-2929
 4. Patient's Rights Advocate Ph: (530) 822-7200 press 8
- PO Box 1694, Yuba City, CA 95992

What should I expect after filing a Grievance?

Sutter-Yuba Behavioral Health (SYBH) will investigate your Grievance in hopes to resolve your dissatisfaction. SYBH must respond to you in writing. You will receive two letters. The first letter will be a notice that we have received your Grievance. The second letter will be sent to you with the results of the investigation within 30-calendar days from the date the grievance is filed.

Grievance Form

Note: Filing a grievance shall not adversely affect your services with Sutter-Yuba Behavioral Health. The member or representative will be contacted by SYBH's Quality Management Staff and will receive a written response within (30) thirty calendar days. Please complete this form.

Date:

Service Location:

Client Name:

Date of Birth:

If client is a minor, then name of legal guardian filing on behalf of minor:

Address (City/State/Zip):

Phone Number (Please indicate best time to call):

Please print or write legibly.

1. Describe the reason(s) for requesting a **grievance**. Please be specific by including names, dates, and times whenever possible.

Dates(s) of incident: _____

2. Have you tried to resolve the problem(s) before requesting the grievance?

☐ **Yes**, please describe what you have done to try to resolve the problem and include the results.

☐ **No**, I have not made any prior attempts to resolve the grievance.

3. What would you like to see happen to resolve this grievance?

Today's Date:

Signature of person making the Grievance:

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If you need assistance with completing this form, you may ask any Behavioral Health staff to assist you or you may contact:

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- Toll Free
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Yuba City, CA 95992
PH: (530) 822-7200 press 8

Individuals will not be subject to discrimination or any other penalty for filing grievances, appeals, State Fair Hearings and may authorize other persons to act on their behalf.

Stamp
Required

Sutter-Yuba Behavioral Health
ATT: Quality Assurance Staff Analyst
1965 Live Oak Boulevard, Suite A P.
O. Box 1520
Yuba City, CA 95992



Sutter-Yuba Behavioral Health

Grievance Form

This brochure can be made available in large type, computer CD or staff can read information upon request. If you need an alternative format you can make your request known at any provider site or call us.

**Sutter-Yuba Behavioral
Health**

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Yuba City, CA, 95991 Voice:
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