

## CLIENT GRIEVANCE OR APPEAL FORM

**We need to be able to contact you.** Please provide information that will make it easy for us to contact you even after you have left this facility.

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Program/Facility Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Tell us about your issue: (use the back if you need more space)

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**Contact us as soon as possible.** We try to resolve problems quickly while you are at this facility. A self-addressed envelope is available to mail this form to JFS.

**JFS - Patient Advocacy**  
**8804 Balboa Avenue, San Diego, CA 92123**  
**Call 619-282-1134 or**  
**1-800-479-2233**

### WHAT IS A GRIEVANCE OR APPEAL?

- A **“grievance”** is **any** expression of dissatisfaction about your services.
- An **“appeal”** can be made when the Mental Health Plan authorization for services are denied, reduced, or stopped.
- An **“expedited appeal”** can be made when you or your provider certify that the standard appeal timeline could seriously risk your life, health or ability to function.

**FACILITY NOTICE:** This grievance form must be available to clients without having to ask staff for it. This grievance form and process may not be replaced by any internal facility grievance or complaint process.