alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

2000 Embarcadero Cove, Suite 400
Oakland, Ca 94606
510-567-8100 / TTY 510-533-5018
Karyn L. Tribble, PsyD, LCSW

GRIEVANCE CALL FORM

Date AND Time:	**Staff:**		**Beneficiary Insyst #**
Family: (Name/Relationship)	**Authorized Representative:**		**Provider:**
Beneficiary's Name:	**Medi-Cal #:**		**MHSA funding: Y or N**
Address:	**Birthdate:**		
	Medi-Cal #:		
Phone:	**Social Security #:**		
Provider Agency: **Program Name:**	**Grievance Category:** ☐ Access ☐ Quality of Care ☐ Change of Provider ☐ Confidentiality ☐ Other:		**Time of Grievance:** **Time of Grievance Resolution:**
Form of Consent: Verbal Authorization Yes___ No ___			**Release of Authorization Form Received: Yes ____ No ____**
Grievance:			
Grievance Resolution:			
Please fax completed form to ACBH Quality Assurance office 510-639-1346.			