



**Behavioral Health
Department**

Alameda County Health

Karyn Tribble, PsyD, LCSW

Director

NOTICE OF RECEIPT OF (GRIEVANCE/APPEAL/EXPEDITED APPEAL)

Date

Provider Name

Provider Address

This is to notify you that a (grievance/appeal/expedited appeal) has been filed regarding services provided by your program. State regulations require us to fully investigate all (grievances/appeals/expedited appeals). We are in the process of gathering information in order to determine how to best resolve the (grievance/appeal/expedited appeal). We may be requesting information from you, and it would be helpful in making our determination if you would respond to this letter by calling our office at the numbers listed below.

If we contact you by phone, we would appreciate your prompt response. In some cases, it may be necessary to visit your office if we do not receive a response to our inquiries. A resolution will be reached only after all the information has been gathered, and you will be notified in writing of the resolution.

Sincerely,

Staff Name

Contact Information