



## TAPESTRY FAMILY SERVICES

### GRIEVANCE /APPEAL REQUEST

Remember, we encourage you to discuss any complaints or issues about your Mental Health services with your Service Provider. You may file a Grievance or Appeal by completing this form and mailing it to: Tapestry Family Services Compliance Officer, 290 E. Gobbi St., Ukiah, CA 95482 or calling: 707-463-3300 and requesting to speak to the Compliance Officer.

For questions/assistance on how to file or fill out this Grievance/Appeal form, you can contact the Tapestry Family Services Compliance Officer.

I wish to file:    Grievance     Yes     No    Appeal     Yes     No

Check here if you are requesting that your appeal request be processed through the Expedited Appeals Process.

Please explain why you need an Expedited Appeal: \_\_\_\_\_

\_\_\_\_\_

Your Name:	
Your Date of Birth:	
Your Phone Number:	
Your Address:	
Current Provider:	

### DESCRIBE THE GRIEVANCE/APPEAL

(Please include dates and names, if possible; use additional pages if necessary)

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**What would you like the solution to be?**

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**Whom have you talked to about the problem?**

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**PLEASE READ AND SIGN BELOW**

You may authorize another person to act on your behalf and this representative may use the Grievance/Appeal process if requested by you. The Patient’s Rights Advocate or any staff person can assist you throughout the Grievance/Appeal process and keep you informed of the status of your Grievance/Appeal. The Mental Health Plan (MHP) will ensure that you are not subject to any discrimination or penalty for filing a Grievance/Appeal. You may examine your case file at any time, including medical records and any other documents and records considered during the Grievance/Appeal process. If you need further information regarding the Grievance/Appeal process, please call Tapestry Compliance Officer at 707-463-3300.

**For the purpose of resolving this Grievance/Appeal, I authorize the following person to act on my behalf. (Please write N/A if you will not have anyone acting in your behalf):**

<b>Name and phone number of representative:</b>	
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I also understand that the Tapestry Family Services Compliance Officer (or designee) will be authorized to contact my representative (as named above) and any involved provider in order to resolve my Grievance/Appeal. The Compliance Officer’s representative will also be authorized to discuss information needed to evaluate and resolve this Grievance/Appeal. If a representative is assigned, a Release of Information (ROI) is required.

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*Signature* *Date*

When you have completed, signed and dated this form please mail to:  
**TAPESTRY COMPLIANCE OFFICER, 290 E. GOBBI ST., UKIAH CA 95482**