County of Inyo
Health & Human Services Department
Behavioral Health

Member Grievance Form

This form is to be used to file a grievance with Inyo County Behavioral Health (ICHB) for dissatisfaction that you may have with services received by ICBH. You will not be treated differently or lose services because you file a grievance.

WHAT YOU NEED TO KNOW

What is a grievance?

Grievance is an expression of dissatisfaction that is not involved in an Adverse Benefit Determination (NOABD).

Dissatisfaction with Adverse Benefit Determination (NOAB)?

If your concern involves a Notice of Adverse Benefit Determination (NOABD), you have the right to file an appeal instead of a grievance. Staff can help determine which process applies.

Who can file and how?

A member, an authorized representative or provider may file a grievance on the member's behalf either orally or in writing.

To file a grievance:

You can file your grievance verbally by calling 760-873-6533 and Tell staff that you would like to file a grievance verbally. You can also, fill out this form and mail or drop off at Health and Human Services Office or email it to inyobh@inyocounty.us or fax it to 760-873-3277.

- Bishop Office
  1360 N. Main Street, Bishop, CA 93514
- Lone Pine Office
  310 N. Jackson, Lone Pine, CA 93545

Free interpreter services, translated materials, and auxiliary aids are available upon request. If you need this form in another language or format, please contact Inyo County Behavioral Health.

What happens after you file?

- We will mail you a written acknowledgement within 5 calendar days.
- We will mail you a written decision within 30 calendar days.

MEMBER INFORMATION

Member Name:	Date of Birth:
Medi-Cal ID: (if known)	Email:
Mailing Address:	Phone:

Member's Preferred Method of Communication: ☐ Email ☐ Phone ☐ Mail ☐ Other
Person Filing Grievance ☐ Self ☐ Provider ☐ Authorized Representative: _____
Member Language Preference: ☐ English ☐ Spanish ☐ Other: _____ Do you need an Interpreter? ☐ Yes ☐ No

GREIVANCE

Date the problem occurred:	Who was involved (if known):
What outcome would you like?	
Describe your grievance:	

PERSON FILING GRIEVANCE

Print Name: _____

Signature: _____ Date: _____