

MONTEREY COUNTY BEHAVIORAL HEALTH GRIEVANCE FORM

Today's Date:	
Name:	Date of Birth:
Address:	City:
	Telephone No:
Authorized Representative's Name: _	
Authorized Representative's Telepho	ne No:
PLEASE EXPLAIN GRIEVANCE IN THE S (Please include date situation occurred, pethis situation)	SPACE BELOW: rsons involved and staff you have talked to about
(please use the other side of this form if ne	eeded)
For	QI Staff Use Only
Client MRN #:	_
QI Staff Name:	Check this box if form filled in by staff
Date Received by QI:	