

Where can I start my grievance?

Mercy Maricopa Integrated Care
Attn: Grievance and Appeals
4350 E. Cotton Center Blvd., Bldg. D
Phoenix, AZ 85040

Cenpatico Integrated Care
333 E. Wetmore Road, Suite 500
Tucson, AZ 85705

Gila River Behavioral Health Services
483 W. Seed Farm Road,
Sacaton, AZ 85147

Health Choice Integrated Care Member Services
1300 South Yale Street
Flagstaff, AZ 86001

Who else can help?

Your Health Care Providers

ANY Clinic or any case manager
All employees must report a grievance.
You can ask a staff member for a grievance form.

Your DBHA

**Division of Behavioral Health Services
Office of Grievance and Appeal (OGA)**
150 N. 18th Ave., 2nd Floor
Phoenix, AZ 85007
Phone (602) 364-4588
1-(800)-867-5808

Office of Human Rights
701 E. Jefferson St., Mail drop 9-005
Phoenix, AZ 85034
Phone (602) 364-4585

NAMI (National Alliance on Mental Illness)
5025 E. Washington Street, Suite 112
Phoenix, AZ 85034
Toll Free: (800) 626-5022
namiaz@namiaz.org
www.namiaz.org



**How to File a
Grievance as a
Person with Serious
Mental Illness and a
RBHA Member**

What is a grievance?

A grievance is a way for a person to complain about something related to his or her mental health services. By **filing** a grievance, you are officially asking for someone to look into your complaint.



Who can file a grievance?

Anyone who feels that a person getting treatment hasn't been treated the right way.

Anyone who feels there has been abuse by a staff member of a provider.

Anyone who believes care wasn't given the way it should be.

When do I file a grievance?

If something happens that makes you think you should file a grievance, it needs to be submitted to any of the places listed on the back **within 12 months** of the incident.

How do I file a grievance?

You can write out your complaint or you can complain over the phone. **We think you should file your grievance in writing.** Keep a copy of everything.

What do I need to write my grievance?

1. Stick to ONE complaint or issue at a time.
2. Try to think of anything that might help you explain what you need to grieve about. Things like medical records, clinical notes, and individual service plans might have information that helps prove your complaint. **You have the right to request any of your records at anytime.**
3. Put your paperwork in order by date, if possible.
4. Make a timeline of events and concerns you have. Include names of individuals and dates. Be as detailed as you can.
5. Finally, know what you want to be different to fix the problem. Be clear about what you would like to see happen. Try to talk about the facts. Do not make it personal.

How do I write my grievance?

1. Using your documents, fill out the ADHS/DBHS Appeal or SMI Grievance Form. The form is attached.
2. Include on the form what events and persons that led up to the grievance.
3. Attach **copies** of any documents you think relate to the grievance.
4. Be clear about the solution you want.
5. Be sure to date and sign the ADHS/DBHS Appeal or SMI Grievance Form. Then, mail a **copy** of your form to your Regional Behavioral Health Authority. A list of addresses is on the back. Keep the original for yourself.

What do I do now that I filed my grievance?

Someone from the Office of Grievance and Appeals (OGA) should contact you. You can call them anytime to find out the status of your grievance. Their number is: **(602) 364-4588** or Toll free **1-800-867-5808**

PM FORM 5.3.1
ADHS/DBHS APPEAL OR SMI GRIEVANCE FORM

Print Form

Member/Applicant Information:

Name (Last, First, M.I.) Date
Address City State
Zip code Phone Date of Birth

Information about the person filing (if different than above):

Name (Last, First, M.I.)
Address City State
Zip code Phone

Relationship to the Member/Applicant (i.e. Provider, Parent or Guardian)

Description of Appeal or Grievance: (Please include dates, names, locations, also any other attempts to resolve the problem, attaching additional pages as necessary.)

What solution do you want?

Continuation of Services:

For members with a Serious Mental Illness, your services under appeal will be continued during the appeal process, unless doing so poses a serious threat of harm to you or others.

For appeals relating to Title XIX or XXI services, please check *one* of the following:

- I am requesting that the services I am appealing be continued during the appeal process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal process.
- I do not want the services I am appealing to be continued during the appeal process.

Client Signature

Date:

Provider, Parent or Guardian Signature

Date: