



Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities"

Tammy Moss-Chandler ♦ Director

Jenine Miller ♦ Assistant Director



Behavioral Health and Recovery Services

Providing Mental Health Services

Ukiah Offices: 1120 S. Dora St. • Ukiah • CA • 95482 • (707) 472-2300 • FAX (707) 472-2306

Fort Bragg Offices: Avila Center • 790-B S. Franklin St. • Fort Bragg • CA • 95437 • (707) 964-4747 • FAX (707) 961-2698

Willits Integrated Services Center: 221-B S. Lenore Ave • Willits • CA • 95490 • (707) 456-3850 • FAX (707) 456-3808

MENTAL HEALTH SERVICES ACT (MHSA) ISSUE RESOLUTION REQUEST

Today's Date: _____

(Office use - Date received): _____

We encourage you to discuss any issue about your Mental Health services with your Service Provider. However, you may file your concern by completing this form and mailing it.

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

MHSA Issue to be Resolved

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

Date of the Issue:
Name of Agency Involved or Other:
What happened?

Over)

What would you like the resolution to be?

Whom have you talked to about this issue?

PLEASE READ AND SIGN BELOW

You may authorize another person to act on your behalf, and this representative may use the Issue Resolution process if it is requested by you.

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

Name and phone number of your representative:	
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I also understand that the MHSA Coordinator, (or designee), will be authorized to contact my representative (as named above) and the agency/provider listed in order to resolve my issue. The MHSA Coordinator will also be authorized to discuss with my representative information needed to evaluate and resolve my issue. If a representative is assigned, a signed Release of Information (ROI) is also required.

X _____
Signature *Date*

When you have completed, signed and dated this form please mail it to: **Behavioral Health & Recovery Services, Attn. MHSA Program Administrator, Colleen Gorman, 1120 S. Dora St., Ukiah, CA 95482.** You will be notified by mail of the resolution of your issue within 60 days of the MHSA team receiving it.

If you need further information regarding the Issue Resolution process, please call MHSA Program Administrator at 707-472-2324.