



FORMAL COMPLAINT /GRIEVANCE RESOLUTION FORM

Redwood Community Services, Inc.
Quality Assurance
631 S. Orchard Ave.
Ukiah, CA 95482

For any and all complaints please complete this form and submit to the above listed address. You may also submit it in person or speak with our Quality Assurance Coordinator regarding your issue.

TODAY'S DATE: _____ PROBLEM: _____

FROM: _____ Date of Issue: _____ Location: _____

Name _____ Phone Number _____

CURRENT ADDRESS: _____
Street City Zip Code

Type of Grievance: [] Privacy Issue [] Security / Breach Issue [] Service Issue [] Other

What is your complaint about? Please tell us what happened.

Four horizontal lines for writing the complaint details.

Please attach additional pages if you need more space

You would like to:

- [] Speak with the Program Manager
[] File a Grievance
[] Request a State Fair Hearing

I have already complained to RCS about this problem and it was not resolved so I am requesting:

- [] Review by Mendocino County Mental Health Dept.
[] Review by the Mendocino County Mental Health Director
[] A State Fair Hearing
[] What other action would you like us to take to resolve your problem?

Internal Use Only _____

Reported by: _____ How Reported: _____

- [] Consumer [] Parent or Guardian [] In writing [] by phone
[] CPS Case Manager [] Foster Parent [] In Person [] mailed