

San Joaquin County  
Behavioral Health Services  
**Suggestion, Comment or  
Compliment Form**

**Tell us... What can we do better?**



**WE WOULD**

**LIKE TO KNOW YOUR NAME... BUT  
IT'S NOT REQUIRED**

If you would like someone to contact you regarding your suggestion, please include your name, address, and phone number where you can be reached or a message can be left for you.

**Contact** one of the advocates listed inside this brochure if:

- You need immediate help, or want to talk to someone about a problem
- You wonder if your concern is serious enough to file a grievance

To give us a suggestion or comment, fill out this form, put a stamp on it, and address it to:

Quality Improvement & Compliance  
1212 N. California Street  
Stockton, CA 95202

Quality Improvement & Compliance Office  
will send this form to the  
**Consumer Advisory Council (CAC),  
who will read your suggestion or  
comment and contact you if needed.**

## Client Rights

You have the right to:

- Request services in your preferred language and receive free interpreting services.
- Request a change of provider or second opinion
- File a grievance or appeal, (You are not subject to discrimination or penalty for filing a grievance or appeal).
- Review your case file or records before and during the appeal process
- Authorize another person to act on your behalf.
- Request a State Fair Hearing, if you are a Medi-Cal beneficiary by calling or writing to:

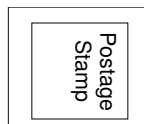
**State Fair Hearing Division  
California Department of Social  
Services**

**PO Box 944243, Mail Station 19-37  
Sacramento, CA 94244-2430**

**Telephone: 1-800-952-5253  
Or TDD: 1-800-952-8349  
(for Hearing Impaired)**

**Fold Line**

Return Address:



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Quality Improvement & Compliance Office  
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Stockton, California 95202

