



## Grievance and Appeal Form

**Member Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Best way to contact** \_\_\_\_\_

**Type of Request** (check one):  Grievance  Appeal  
 Expedited Appeal (*see informational handout for definition of each type*)

**My problem or concern is about the following program or provider:**

\_\_\_\_\_

**Describe the problem or concern:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**What I would like to have happen:**

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I understand that I will not be subject to discrimination as a result of filing a grievance or requesting an appeal or State Hearing.

Signature of member or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

I authorize the following person to act on my behalf (*optional*): \_\_\_\_\_

Signature of authorized person if not signed by the member or legal guardian:

\_\_\_\_\_ Date \_\_\_\_\_

Mail the completed form in the postage-paid envelope **or** mail to the BHS Grievance/Appeal Office, 1380 Howard Street, 2<sup>nd</sup> Floor, San Francisco, CA 94103 **or** email to [BHS.GrievanceAppeal@sfdph.org](mailto:BHS.GrievanceAppeal@sfdph.org)