



Grievance Tracking Form

(Upon completion of form, send to AQIS for Medi-Cal Beneficiaries only)

Grievance Information (complete in full)

Medi-Cal Beneficiary Name: [text box] Medi-Cal Status Verified: [ ] Yes [ ] No

Program Name: [text box] [ ] County or [ ] Contract

- [ ] Adult and Older Adult Behavioral Health Services [AOABH]
[ ] Children and Youth Prevention Behavioral Health Services [CYPBH]
[ ] Patients' Rights Advocacy Services [PRAS]

Make a Selection: Drug Medi-Cal Organized Delivery System [DMC-ODS] [ ] Yes [ ] No

Service Chief/Program Director: [text box]

Service Chief/Program Director Phone: [text box]

Date of Reported Grievance: [text box] Resolved by End of Next Business Day: [ ] Yes [ ] No

Describe how grievance was resolved: (limited to 350 characters)
[text box]

Client Declined Grievance Process: [ ] Yes, however grievance process was initiated [ ] No

Category of Grievance (check one main category and sub-category, if applicable)

- [ ] Access: [ ] Service not available, [ ] Service not accessible, [ ] Timeliness of services, [ ] 24/7 toll-free access line, [ ] Linguistic Services, [ ] Other access issues
[ ] Quality of Care: [ ] Staff behavioral concerns, [ ] Treatment issues or concerns, [ ] Medication concern, [ ] Cultural appropriateness, [ ] Other quality of care issues
[ ] Change of Provider
[ ] Confidentiality Concern
[ ] Other: [ ] Financial, [ ] Lost property, [ ] Operational, [ ] Patients' rights, [ ] Peer behaviors, [ ] Physical environment

[ ] Other grievance category not listed above, indicate here:
[text box]

Additional Information (limited to 350 characters)

[text box]

Reporting Party Information

Clinical Staff Name: [text box] Clinical Staff Phone: [text box]

Date Form Completed: [text box] Time Form Completed: [text box]

Important Information

Table with 3 columns: You must complete the Grievance or Appeal Form in addition to this form. Please send both the Grievance or Appeal Form and Grievance Tracking Form via [secure] email to AQISgrievances@ochca.com or fax to (714) 834-6575. For questions, please contact AQIS main line: 714-834-5601