



SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Shasta County Health & Human Services Agency
Attn: Managed Care & Compliance HD-410-MC
P.O. Box 496005
Redding, CA 96049-6005

WHAT HAPPENS TO YOUR GRIEVANCE?

To make sure your complaint is taken care of, we will:

- Send you a letter to say we got it.
- Choose someone that is not part of your complaint to look over your grievance.
- Send you a letter to tell you what was decided.

You will be treated fairly during this process.

Our ADA coordinator may be reached at:

530-225-5515 (phone)
530-225-5345 (fax)
TTY: 711

For questions, contact
Managed Care at
530-245-6750 or
1-888-385-5201



Shasta County
**Health & Human
Services Agency**

Agencia de Salud y Servicios Humanos
del Condado de Shasta
2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Revised 05/2021

Grievance Form

Let us help you
resolve any service
complaints.

For help, call:
(530) 245-6750

WHY FILE A GRIEVANCE?

Shasta County tries to work fairly with everyone but sometimes things do not work out. You can file a grievance if you are not happy with your services.

HOW TO FILE A GRIEVANCE

Fill out this form or tell us. To tell us, call 530-245-6750 or 1-888-385-5201.

If you fill out the form, send it to the address on the back or give it to your health care worker.

You will be treated fairly during this process.

GRIEVANCE FORM

You may ask for help filling out this form or have someone do it for you. You will be treated fairly if you file this form.

Date: _____

Where did you get your services?: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (work) _____ (cell) _____

Primary Language Spoken: _____

Tell us the reason you are not happy with your services: _____

What do you think could be done to fix this? _____

Signature: _____