



GRIEVANCE AND APPEAL FORM

If you need assistance completing this form, you may contact your Community Behavioral Health Provider and request help from a staff member other than the person you are filing a grievance about. If you do not want to file a grievance directly to the Behavioral Health Provider, you may direct it to Greater Oregon Behavioral Health, Inc. (GOBHI) by writing to 401 East 3rd Street, The Dalles, OR 97058 or calling 1-800-493-0040, TDD 711.

Date _____ Provider _____

Name _____ OHP# _____

Date of incident or denial _____

If denial of service, do you want your benefits to continue? Yes No

Does this grievance involve an urgent situation that cannot wait? Yes No

If yes, state the reason: _____

Grievance: _____

Attach additional sheets if necessary.

What would you like to have happen in this matter? _____

Signature: _____

-----OFFICE USE ONLY-----

Good Cause Exception: Yes No Explain: _____
