

MENTAL HEALTH SERVICES ACT (MHSA) ISSUE RESOLUTION FORM

CONTACT INFORMATION			
<input type="checkbox"/> I wish to remain anonymous Please note: you will not receive a response if you are anonymous	Name		Telephone Number
Street Address	City	State	Zip Code
Email Address			
Describe the issue you would like addressed – please be specific.(Attach a separate sheet if more space is needed)			
What do you propose as a solution?			

Signature

Date

For Office Use ONLY			
Issue Received By (Name)		Date Issue Was Received	
Resolution Status:	<input type="checkbox"/> In Review	<input type="checkbox"/> Referred to Sr. Mgmt./Director	<input type="checkbox"/> Resolved
Date of Status:			
Actions Taken/Comments			
Reason(s) for Decision			

Print Reviewer's Name

Reviewer's Signature

Submit your form to:
MHSA@sonoma-county.org or
Department of Health Services
Behavioral Health Division
Mental Health Services ACT Coordinator
2227 Capricorn Way
Santa Rosa, CA 95407
Phone: (707) 565-4909