

## BEHAVIORAL HEALTH SERVICES ACT (BHSA) 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:**  
[BHSA@sonomacounty.gov](mailto:BHSA@sonomacounty.gov) or  
 Department of Health Services  
 Behavioral Health Division  
 Mental Health Services Act Coordinator  
 2227 Capricorn Way, Suite 207  
 Santa Rosa, CA 95407  
 Phone: (707) 565-4909