Sutter Health
Sutter Employee Assistance Program

P.O. Box 163149
Sacramento, CA 95816-3149
(800) 477-2258
(916) 503-6917 Fax

EAP GRIEVANCE FORM

Dear Member:

You may print out and complete this form to submit a grievance. If you need assistance in filling out this form, please call us at (800) 477-2258.

You will be mailed an Acknowledgement of Receipt of Grievance letter within five days of receipt of the grievance and a Grievance Resolution letter within five days of a decision, but no later than thirty calendar days from receipt of the grievance. The Acknowledgement of Receipt of Grievance letter acknowledges that we received your complaint. **If you have any questions regarding the grievance process or your specific grievance, please contact the Grievance Coordinator at (800) 477-2258.**

By law, all grievances must be resolved within thirty (30) days of receipt.

Member Name:_____ _____

Employer name:_____

Member Address: _____
_____

Member Phone # (day):_____

Evening Phone #:_____

Description of Grievance: (Attach additional sheets of paper if necessary)

_____
_____
_____
_____
_____
_____

Name of Sutter EAP Provider, Staff or Service (if known):_____

I hereby attest that the above information is true:

Signature: _____

Print Name: _____ Date:_____

Please mail Attn: Grievance Coordinator; Sutter EAP; P.O. Box 163149, Sacramento, CA 95816-3149

Can you read this form?

Notice of Availability
You can request an interpreter at no cost to speak with SUTTER EAP or a counselor. To request an interpreter or to ask about written information in your language, first call SUTTER at (800) 477-2258.Someone who speaks your language can help you. If you need more help, call the HMO Help Center at (888) 466-2219.

Aviso de Disponibilidad
Puede solicitar un intérprete sin cargo para hablar con SUTTER: EAP o un asesor. Para solicitar un intérprete o información escrita en su idioma, primero llame a SUTTER al (800) 477-2258. Una persona que hable su idiomapuede ayudarlo. Si necesita más ayuda, llame al Centro de Ayuda de HMO al (888) 466-2219.

通知：可提供的語言 在與 *SUTTER EAP* 或者一位輔導員

聯絡時，您可以請求免費提供口譯人員

。如需請求提供口譯人員或以您的語言提供書面資料，請首先致電

SUTTER，電話號碼是 *(800) 477-2258* 。 將有一位會講您語言的工作人員幫助您。

如果您需要更多幫助，請致電 *HMO* 協助服務中心，電話號碼是 (*888) 466-2219*。

Paunawa ng Kahandaan
Makakahiling kayo ng isang tagasalin ng wika upang makipagusap sa SUTTER: EAP o isang tagapayo. Upang humiling ng isang tagasalin ng wika o magtanong tungkol sa nakasulat na impormasyon sa inyong wika, tumawagmuna sa SUTTER sa (800) 477-2258. Ang isang nagsasalita ng inyong wika ay makakatulong sa inyo. Kung kailangan ninyo ng karagdagang tulong, tawagan ang HMO Help Center sa (888) 466-2219.