



Mental Health Services Act (MHSA) Issue Resolution Form
Santa Barbara County Department of Behavioral Wellness

Contact Information			
<input type="checkbox"/> I wish to remain anonymous	Name	Telephone Number	
Street Address	City	State	Zip Code
E-mail Address			
Describe the issue you would like addressed and please be specific. (You may attach a separate sheet if more space is needed.)			
What is your proposed solution?			

Signature Date Signed

For Office Use ONLY			
Issue Taken By (The Employee)		Date Issue Was Received	
Resolution Status:	<input type="checkbox"/> In Review	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Date of Status:			
Actions Taken/Comments			
Reason(s) for Decision			

Print Reviewer's Name Reviewer's Signature

Submit your form to:
Santa Barbara County Department of Behavioral Wellness
Quality Care Management Division
Beneficiary Concerns Coordinator
315 Camino del Remedio, #257, Santa Barbara, CA 93110 or
E-mail to: BWELLDGQCM@sbcbswell.org or Fax: (805) 934-6314