# BEHAVIORAL HEALTH SERVICES ACT (BHSA) ISSUE RESOLUTION FORM
## COUNTY OF MARIN HEALTH AND HUMAN SERVICES
## BEHAVIORAL HEALTH AND RECOVERY SERVICES DIVISION

| CONTACT INFORMATION | | | |
|---|---|---|---|
| ☐ I wish to remain 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 (The Employee) | | Date Issue Was Received | |
| Resolution Status: | ☐ In Review | ☐ Referred to Sr. Mgmt/Director | ☐ Resolved |
| Date of Status: | | | |
| Actions Taken/Comments | | | |
| Reason(s) for Decision | | | |

Print Reviewer's Name _____ Reviewer's Signature _____

**Submit completed form to:**

County of Marin
Health and Human Services
Behavioral Health and Recovery Services Division
20 N. San Pedro Road, Suite 2030
San Rafael, CA 94903
Email to: BHRSMHSA@MarinCounty.gov