



Mental Health Services Act (MHSA)
Issue Resolution Form
Santa Clara County Mental Health Department

Contact Information			
<input type="checkbox"/> I wish to remain anonymous	Name		Telephone Number
Street Address		City	State Zip Code
Email 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:
 TBD