



**San Mateo County Behavioral Health & Recovery Services
Office of Diversity and Equity**



**Continuing Education
Grievance Form**

If you would like to file a grievance regarding a Continuing Education course sponsored by San Mateo County Behavioral Health & Recovery Services, please complete this form and return it by fax, email, mail, or in-person, to:

Katy Davis, PhD, LCSW
Workforce, Education, and Training Coordinator
Behavioral Health and Recovery Services
Office of Diversity and Equity
225 37th Avenue, 3rd floor
San Mateo, CA 94403
FAX: (650) 573-2841 E-MAIL: kdavis@smcgov.org

First and Last Name: _____

Title/Position: _____

**Employer or Department
(if San Mateo County Employee):** _____

Phone Number: _____

E-mail: _____

CEU Course Title: _____

Course Instructor(s): _____

Date: _____

Time: _____

Location: _____

Describe your problem or concern regarding the above Continuing Education course. Please provide as much detail as possible so that we may best respond to your grievance. You may use the back of this form if you need additional space.

Thank you for providing us this information.