

WHERE CAN I FILE A GRIEVANCE?

CREEKSIDER GRIEVANCE COORDINATOR: CORY LEFCO

303-770-6933 OR
CORY@CREEKSIDECOLLABORATIVETHERAPY.NET

OR VISIT OUR WEBSITE TO FILL OUT A GRIEVANCE FORM

A RESOLUTION WILL BE PROVIDED WITHIN 15 BUSINESS DAYS



Colorado Department of Regulatory Agencies

www.dora.colorado.gov or

303-894-7855

Health First Colorado (for Medicaid Grievances)

Health First Ombudsman:
303-830-3660

BEHAVIORAL HEALTH ADMINISTRATION

BHA Phone: (303) 866-7191

BHA Complaint Email:
CDHS_BHA_complaint@state.co.us

<https://bha.colorado.gov/help/submit-a-complaint>

WE ENCOURAGE YOU TO TALK TO YOUR PROVIDER

Open communication with your provider is important! Please try discussing your concerns with your clinician first. If you are not comfortable doing so or have tried but continue to have concerns, please file a grievance using one of the resources on this page.