

# WHERE CAN I FILE A GRIEVANCE?

## **CREEKSIDE 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**



## **Health First Colorado (for Medicaid Grievances)**

Health First Ombudsman:  
303-830-3660

## **Colorado Department of Regulatory Agencies**

[www.dora.colorado.gov](http://www.dora.colorado.gov) or

303-894-7855

## **BEHAVIORAL HEALTH ADMINISTRATION**

BHA Phone: (303) 866-7400

BHA Complaint Email:  
[CDHS\\_BHA\\_complaint@state.co.us](mailto:CDHS_BHA_complaint@state.co.us)

## **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.