## MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## **RECIPIENT RIGHTS COMPLAINT**

COMPLAINT NUMBER	CATEGORY

INSTRUCTIONS:		
IF YOU BELIEVE THAT ONE OF YOUR RIGHTS HAS BEEN VIOLATED YOU (OR SOMEONE ON YOUR BEHALF) MAY		
USE THIS FORM TO MAKE A COMPLAINT. A RIGHTS OFFICER/ADVISOR WILL REVIEW THE COMPLAINT AND MAY		
CONDUCT AN INVESTIGATION. KEEP THE PINK COPY FOR YOUR RECORDS AND SEND THE OTHER COPIES TO THE		
RIGHTS OFFICE AT YOUR CMH SERVICES PROGRAM, HOSPITAL, OR TO:		
RUTH HEWETT, RRO MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES		
NORTHEAST MI COMM MENTAL HLTH OFFICE OF RECIPIENT RIGHTS		
400 JOHNSON STREET LEWIS CASS BUILDING		
ALPENA, MI 49707 LANSING, MI 48913		
COMPLAINANT'S NAME	RECIPIENT'S NAME (If different from complainant)	
WHERE DID THE ALLEGED VIOLATION HAPPEN?	PHONE NUMBER	
WHERE DID THE ALLEGED VIOLATION HAIT EN:	PHONE NUMBER	
COMPLAINANTIO ADDDEGO	MAILEN DID IT HADDENG (D	
COMPLAINANT'S ADDRESS	WHEN DID IT HAPPEN? (Date and time)	
WHAT RIGHT WAS VIOLATED?		
WITAT RIGITI WAS VIOLATED:		
DESCRIBE WHAT HAPPENED		
DESCRIBE WHAT HAFFEINED		
WHAT DO YOU WANT TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?		
WHAT BO TOO WANT TO HAVE HAFFEN IN ORDER TO CORRECT THE PROBLEM:		
COMPLAINANT'S SIGNATURE DATE	NAME OF PERSON ASSISTING COMPLAINANT	

DCH-0030 2/97 REPLACES DCH-2500
DISTRIBUTION: WHITE – ORR CANARY – Provider PINK – Complainant

**AUTHORITY: P.A. 258 OF 1975** AS AMENDED BY P.A. 290 OF 1995