



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
RECIPIENT RIGHTS COMPLAINT

COMPLAINT NUMBER	CATEGORY
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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 a copy for your records and send the original to the rights office at the CMH agency or the hospital where you are receiving (or received) services, or to:

MDCH – Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48913.

COMPLAINANT'S NAME	RECIPIENT'S NAME
COMPLAINANT'S ADDRESS	WHERE DID THE ALLEGED VIOLATION OCCUR?
COMPLAINANT'S TELEPHONE NUMBER ()	WHEN DID THE ALLEGED VIOLATION HAPPEN?

WHAT RIGHT WAS VIOLATED?

DESCRIBE WHAT HAPPENED:

WHAT WOULD YOU LIKE TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?

COMPLAINANT'S SIGNATURE	DATE	NAME OF PERSON ASSISTING COMPLAINANT
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