



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
RIGHTS INFORMATION ORDER FORM

FAX YOUR REQUEST TO:

**OFFICE SERVICES – MDCH
1-517-241-1164**

<u>ITEM</u>	<u>QUANTITY</u>
RECIPIENT RIGHTS COMPLAINT FORMS (DCH 2500A)	<input type="text"/>
INCIDENT REPORT FORMS (DCH 2550)	<input type="text"/>
ABUSE/NEGLECT REPORTING POSTER	<input type="text"/>
“YOUR RIGHTS” Booklet <i>English Version</i>	<input type="text"/>
“YOUR RIGHTS” Booklet <i>Spanish Version</i>	<input type="text"/>
“YOUR RIGHTS” Booklet <i>Arabic Version</i>	<input type="text"/>
AMI-MICHIGAN FAMILY RESOURCE GUIDE	<input type="text"/>

**The Mental Health Code and the DCH Administrative Rules are no longer available in print. This information may be obtained at the DCH website:
<http://www.michigan.gov/orr/> (click on MI Admin Code)**

YOUR ORGANIZATION’S NAME: _____

CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

(booklets are bound in packs of 25, but are ordered individually [i.e. an order of 1 will be 1 book.]

*** CMH Rights Offices:** You may obtain a copy of “Your Rights” on audio tape from the MDCH-ORR Office for making copies for your Advisors (FAX: MDCH-ORR at 517-335-0135 for THIS REQUEST ONLY)

**** Rights Advisors:** You may obtain a copy of “Your Rights” on audio tape from your local CMH Rights Office