

**Saginaw County Community Mental Health Authority
 Recipient Rights Complaint Form**

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 follow up with you. Send your complaint to:

**Saginaw County Community Mental Health Authority
 Office of Recipient Rights
 500 Hancock
 Saginaw, MI 48602**

Complainant's Name	Recipient's Name (if different from complainant)
Complainant's Address	Phone Number
Where did the alleged violation happen?	When did it happen? (Date & Time)

What right was violated?

Describe what happened

What do you want to have happen in order to correct the problem?

Complainant's Signature	Date	Name of Person Assisting Complainant
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