


Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Reporting Complaints and Alleged Violations	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.06
Effective Date: 9/1/15	Date of Review/Revision: 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Tim Ninemire, Director of Customer Services & Recipient Rights
		Authored By: Tim Ninemire
		Additional Reviewers: None

Purpose:

The purpose of this policy is to establish standards for the reporting of Recipient Rights Complaints and Alleged Violations to the Saginaw County Community Mental Health Authority (SCCMHA) Office Recipient Rights (ORR).

Policy:

It is the policy of SCCMHA to report Recipient Rights Complaints and Alleged Violations to the SCCMHA ORR.

Application:

This policy applies to all SCCMHA service sites within the Service Provider Network.

Standards:

- 1) Recipient Rights complaints and alleged violations occurring in the lives of consumers while receiving services from SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours.
- 2) Recipient Rights complaints and alleged violations must be reported by the Recipient Rights Complaint form or by any other form or means of communication.
- 3) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
- 4) All individuals shall have unimpeded access to the SCCMHA ORR.
- 5) Staff are to directly report Abuse or Neglect or any potential Rights complaints to

the ORR and to any and all applicable agencies as required by law.

Definitions:

Staff: individuals working within the SCCMHA provider network. This includes paid staff, interns, volunteers, and Self Determination.

Complaints or Alleged Violations: A statement of the alleged right that may have been violated. The rights of the recipient as defined in the Michigan Mental Health Code. Such occurrences shall include but are not limited to:

- 1) Death (any death of a consumer of SCCMHA services, including a death occurring in a private residence)
- 2) Any injury of a consumer, explained or unexplained
- 3) Suspected abuse or neglect of a consumer
- 4) Suspected sexual abuse
- 5) Exploitation
- 6) Unreasonable Force
- 7) Medication Errors
- 8) Confidentiality
- 9) Dignity and Respect
- 10) Treatment suited to condition
- 11) Safe, Sanitary, Humane treatment environment
- 12) Personal property
- 13) Freedom of Movement
- 14) Communication by mail, phone, visits

References:

None

Exhibits:

Exhibit A - Recipient Rights Complaint Form

Procedure:

ACTION	RESPONSIBILITY
<ol style="list-style-type: none">1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours.<ol style="list-style-type: none">A) Immediately report to the Recipient Rights Office by calling (989) 797-3462 or (989) 797-3583.B) Forward completed Recipient Rights Complaint Form to SCCMHA ORR Recipient Rights Office by:<ol style="list-style-type: none">I) Fax to (989) 797-3595II) Drop box located outside the 500 Hancock facility; orIII) Delivered to the Customer Service Office located in the 500 Hancock lobby	<ol style="list-style-type: none">1) Any individual working within the SCCMHA Provider Network with knowledge of a potential Rights violation

during regular business hours; Monday through Friday from 8:00 a.m. to 5:00 p.m.	
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**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 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
What do you want to have happen in order to correct the problem? <hr/> <hr/> <hr/>		
Complainant's Signature	Date	Name of Person Assisting Complainant