<table>
<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Reporting Complaints and Alleged Violations</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.06</td></tr>
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9/1/15</td><td>Date of Review/Revision:
11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23, 3/12/24, 4/8/25, 3/10/26</td><td rowspan="3">Approved By:
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<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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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 for staff to report recipient rights complaints and alleged violations to SCCMHA ORR.

Application:
This policy applies to all SCCMHA personnel and the service sites within the Service Provider Network.

Standards:

1) Recipient Rights complaints and alleged violations occurring in the lives of person served while receiving services from SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours.

2) All Recipient Rights complaints and alleged violations must be reported by completing a Recipient Rights Complaint Form or by other forms of communication including telephone and email.

3) Incidents involving a death, or significant physical or psychological injury or serious rights complaint (Abuse & Neglect) should be immediately reported by phone to SCCMHA ORR.

4) All individuals shall have unimpeded access to SCCMHA ORR.

5) Staff are to directly report Abuse or Neglect or any potential Rights complaints to the ORR and to all applicable agencies as required by law.

Staff's submission of an Incident Report does not satisfy reporting requirements to directly report to the ORR.

Definitions:
Staff: Individuals working within SCCMHA Board Operation Programs and 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 person served of SCCMHA services, including a death occurring in a private residence)
2) Any injury of a person served, explained or unexplained
3) Suspected abuse or neglect of a person served
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
1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours. A) Immediately report to the Recipient Rights Office by calling (989) 797-3462, (989) 797-3583, or (989) 272-7606.	1) Any individual working for SCCMHA and within SCCMHA Provider Network with knowledge of a potential Rights violation

B) Forward completed Recipient Rights Complaint Form to SCCMHA ORR Recipient Rights Office by: Fax to (989) 797-3595, Drop box located outside the 500 Hancock facility; or Delivered to the Customer Service Office located in the 500 Hancock lobby during regular business hours; Monday through Friday from 8:00 a.m. to 5:00 p.m.	

Exhibit A

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

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 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