

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 THE PINK COPY FOR YOUR RECORDS AND SEND THE OTHER COPIES TO THE RIGHTS OFFICE AT YOUR CMH SERVICES PROGRAM, HOSPITAL, OR TO: RUTH HEWETT, RRO NORTHEAST MI COMM MENTAL HLTH 400 JOHNSON STREET ALPENA, MI 49707 MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF RECIPIENT RIGHTS LEWIS CASS BUILDING LANSING, MI 48913		
COMPLAINANT'S NAME	RECIPIENT'S NAME (If different from complainant)	
WHERE DID THE ALLEGED VIOLATION HAPPEN?	PHONE NUMBER	
COMPLAINANT'S ADDRESS	WHEN DID IT HAPPEN? (Date and time)	
WHAT RIGHT WAS VIOLATED?		
DESCRIBE WHAT HAPPENED		
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WHAT DO YOU WANT TO HAVE HAPPEN IN ORDER TO CORRECT THE PROBLEM?		
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COMPLAINANT'S SIGNATURE	DATE	NAME OF PERSON ASSISTING COMPLAINANT