



Complaint Number:	Category:
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Michigan Department of Health and Human Services
RECIPIENT RIGHTS COMPLAINT

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 a copy for your records and send the original to the right office at the CMH agency or the hospital where you are receiving (or received) services, or to: MDHHS - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Where did the alleged violation occur?
Complainant's Phone Number:	When did the alleged violation happen? (Date and time):

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What right was violated?

Describe what happened:

What would you like to have happen in order to correct the violation?

Complainant's Signature:	Date:	Name of Person Assisting Complainant:
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