Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

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 Recipient Rights Office at: 812 E. Jolly Rd., Lansing, MI 48910
Attn: Recipient Rights, Ste 216A

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):

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

DCH 0030 Replaces DCH-2500

Authority: P.A. 258 of 1974 as amended

Distribution: ORIGINAL TO ORR
COPY to Complainant (with acknowledgement letter)