Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

Complaint Number	Category

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):

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)