



Complaint Number

Category

Michigan Department of Community Health

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: AVCMHA - Office of Recipient Rights, P.O. Box 310 Tawas City, MI 48764.

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)