

Complaint Number	Category
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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECIPIENT RIGHTS COMPLAINT

<p>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</p>		
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		
Distribution: ORIGINAL TO ORR COPY to Complainant (with acknowledgement letter)		
Authority: P.A. 258 of 1974 as amended		