



RECIPIENT RIGHTS COMPLAINT

Complaint Number:

Category

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: SHW Office or Recipient Rights 1555 Industrial Drive Owosso MI 48867

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