

Recipient Rights Complaint Form

INSTRUCTIONS:

If you believe you 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.

Please keep copy for your records and send the original to:

Bay-Arenac Behavioral Health
Recipient Rights Office
201 Mulholland
Bay City, MI 48708

Or you can mail a complaint to the following address:

Michigan Department of Community Health
Office of Recipient Rights
Lewis Cass Building
Lansing, MI 48913

Complainant's Name

Recipient's Name

Complainant's Address

Where did the alleged violation occur?

Complainant's Phone Number

When did the alleged violation happen?

What right was violated?

Describe what happened:

What would you like to have happen in order to correct the problem?

Complainant's Signature

Date

Name of person assisting complainant