



BEHAVIORAL HEALTH

Complaint Number	Category
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Michigan Department of Health & 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. Send this form to the rights office at the Community Mental Health (CMH) or hospital where you are receiving (or received) services at:
909 Washington Avenue, Suite 3, Bay City, MI 48708.
 Keep a copy for yourself. If you send your complaint to Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR), it will be forwarded to the appropriate rights office. The MDHHS-ORR address is: Michigan Department of Health and Human Services, Recipient Rights, Suite 216, 235 S. Grand Avenue Lansing, MI 48933 PHONE: 800-854-9090 FAX 517-335-0135

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Where did it occur (name or address of hospital/agency)?
Complainant's Telephone Number:	When did the alleged violation occur (indicate date and time)?

What right was violated?

Describe what happened:

What would you like to see happen in order to correct the violation?

Complainant's Signature	Date	Name of Person Assisting Complainant
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Authority: P.A. 258 of 1974 as amended