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| Complaint Number | Category |
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MICHIGAN DEPARTMENT OF HEALTH AND 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. 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

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|-----------------------------|---|
| 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 |
|-------------------------|------|--------------------------------------|