



Complaint Number	Category
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Michigan Department of Community Health
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 advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the rights office at the CMH agency or the hospital where you are receiving (or received) services, or to: ACCMHS Office of Recipient Rights, PO Drawer 130, Allegan, MI 49010</p>		
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 violation?		
Complainant's Signature	Date:	Name of person assisting complainant
<p>DCH 0030 Replaces DCH-2500 Authority: P.A. 258 of 1974 as amended</p> <p style="text-align: center;">Distribution: ORIGINAL TO ORR COPY to Complainant (with acknowledgement letter)</p>		