



Complainant's Name:		Registered Consumer? Yes / No (circle one)	
NOTE: If complainant is not a registered consumer, record the relationship (i.e. guardian, parent of a minor child, friend/family member, provider staff, other:			
Street Address:			
City/State/Zip:			
Phone No.:		Alt. Phone No.:	
Provide a brief description of your concerns (use additional pages if necessary)			
If filing a grievance on behalf of a client, please provide client's name:			
Client's D.O.B.:	Medicaid: Yes or No	Circle Population: (MI, DD, SUD, C&F, Other)	
	Client ID No.:	Service(s) Type:	
Staff person's name/agency (if grievance involves a CMH or Agency employee):		Circle/highlight one (1) Grievance Category: NA if Not Apply: _____ <i>(See backside of form for definitions of each grievance category)</i>	
		<ul style="list-style-type: none"> Quality of Care Interaction with Provider or Plan Financial or Billing Matters Safety Risk Management Abuse, Neglect, or Exploitation 	<ul style="list-style-type: none"> Access and Availability Transportation Service Environment Member Rights Other
Name of person completing the form:		Phone No.:	
Affiliate CMHSP: OnPoint		County: Allegan	

The Customer Service Representative will attempt to have grievances resolved as soon as possible, and no later than 90 days, as required by the Michigan Department of Human and Health Services. If you have any questions or concerns, please feel free to contact OnPoint Customer Services (877) 608-3568, Fax (269) 673-2738, Email customerservices@onpointallegan.org

Revised: 7/7/25