



Code	Category
------	----------

Michigan Department of Community Health  
**RECIPIENT RIGHTS COMPLAINT**

<p><b>INSTRUCTIONS:</b>          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: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933</p>		
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
DCH 0030 Replaces DCH-2500		Authority: P.A. 258 of 1974 as amended
Distribution: ORIGINAL TO ORR COPY to Complainant (with acknowledgement letter)		