RECIPIENT RIGHTS COMPLAINT

Michigan Department of Health and Human Services

Complaint Number

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:

Hiawatha Behavioral Health.

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, Office of Recipient Rights, Elliott-Larsen Building, 320 South Walnut Street, Lansing, MI 48933.

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

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

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: PA 258 of 1974 as amended.

Copy to complainant (with acknowledgement letter)