



Complaint Number	Category
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Michigan Department of Community Health
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 rights office at the CMH agency where you are receiving (or received) services: LifeWays, Office of Recipient Rights, 1200 N. West Avenue, Jackson, Michigan 49202

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 do you want to have happen in order to correct the problem?

Complainant's Signature:	Date:	Name of Person Assisting Complainant:
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