



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 right office at your local CMH: **Integrated Service of Kalamazoo at 2030 Portage Street, Kalamazoo, Michigan, 49001** or email the form to **orr@iskzoo.org**. You can also send it to MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933

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
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