RECIPIENT RIGHTS COMPLAINT

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 investigate. Send this form to the rights office at the Community Mental Health (CMH) or hospital (LPH) where you are receiving (or received) services at:

BMHA- Riverwood Center - PO Box 547 Benton Harbor, MI 49023

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, Office of Recipient Rights, 235 South Grand, Suite 216, PO Box 30037, Lansing MI 48909.

Complainant's Name	Recipient's Name (if different from complainant)
Complainant's Address	Where did the alleged violation occur? (Address or Name of Hospital/Agency)
Complainant's Phone Number	When did the alleged violation happen?

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.