



Complaint Number Click here to enter text.	Category Click here to enter text.
---	---------------------------------------

## 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 Montcalm Care Network, or to: MDCH – Office of Recipient Rights, Lewis Cass Building, Lansing Michigan 48913.

Complainant's Name Click here to enter text.	Recipient's Name Click here to enter text.	
Complainant's Address Click here to enter text.	Where did the alleged violation occur? Click here to enter text.	
Complainant's Phone Number Click here to enter text.	When did the alleged violation happen? Click here to enter text.	
What right was violated? Click here to enter text.		
Describe what happened: Click here to enter text.		
What would you like to have happen in order to correct the problem? Click here to enter text.		
Complainant's Signature Click here to enter text.	Date Click here to enter a date.	Name of person assisting complainant Click here to enter text.
<div style="display: flex; justify-content: space-between;"> <span>DCH 0030 Replaces DCH-2500</span> <span>Authority: P.A. 258 of 1974 as amended</span> </div> <div style="text-align: center; margin-top: 5px;">             Distribution: ORIGINAL to ORR   COPY to Complainant (with acknowledgement letter)           </div>		

