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| Complaint Number | Category |
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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.

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| Complainant's Name | Recipient's Name |
| Complainant's Address | Where did the alleged violation occur? |
| Complainant's Phone Number | When did the alleged violation happen? |
| | |

What right was violated?

Describe what happened:

What would you like to have happen in order to correct the problem?

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| Complainant's Signature | Date | Name of person assisting complainant |
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