



RECIPIENT RIGHTS

Macomb County Community Mental Health

Mark A. Hackel
County Executive

INSTRUCTION

S:

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 **Office of Recipient Rights - Macomb County CMH, 22550 Hall Rd., Clinton Twp., 48036 or Fax to: (586) 466-4131**. You may contact the Office of Recipient Rights if you need assistance at (586) 469-6528.

Complainant's Name:

Recipient's Name (if different from complainant):

Complainant's Address:

Where did the alleged violation occur?

City and Zip Code:

When did the alleged violation happen? (date and time):

Complainant's Phone Number:

Name of Staff involved:

What right was violated?

Describe what happened:

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

Complainant's Signature	Date	Rights Officer/Advisor Signature
Complainant's Address	City and Zip Code	Date and Time of Violation

Complainant's Signature

Date

Name Of Person Assisting Complainant

OCH 0030 Replaces DCH-
2500

Distribution: ORIGINAL TO ORR

Authority: P.A. 258 of 1974 as amended