

OAKLAND COUNTY COMMUNITY MENTAL HEALTH AUTHORITY RECIPIENT RIGHTS COMPLAINT

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| For Office Use Only |
| Case #: |
| Category: |

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| If you believe that your rights have been violated, you (or someone else on your behalf) may use this form to make a rights complaint. | Keep the last copy and return this form to the Rights Office: |
| | Oakland County Community Mental Health Authority 20111 Executive Hills Boulevard Auburn Hills MI 48326 |

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|----------------------|---------------------|
| Complainant's Name: | Recipient's Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |
| Where did it happen? | When did it happen? |

1. Describe What Happened: (Attach additional sheets if necessary)

2. What right(s) do you feel was violated?

3. What resolution do you seek?

Complainants Signature _____ Date _____

Person Assisting Complainant _____ Date _____