



Mark A. Hackel  
County Executive

## Macomb County Community Mental Health RECIPIENT RIGHTS COMPLAINT

<b>INSTRUCTIONS:</b> 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 <b>Office of Recipient Rights – Macomb County CMH, 22550 Hall Rd., Clinton Twp., 48036 or Fax to: (586) 466-4131</b> . You may contact the Office of Recipient Rights if you need assistance at (586) 469-6528.		
<b>Complainant's Name:</b>	<b>Recipient's Name (if different from complainant):</b>	
<b>Complainant's Address:</b>	<b>Where did the alleged violation occur?</b>	
<b>City and Zip Code:</b>	<b>When did the alleged violation happen? (date and time):</b>	
<b>Complainant's Phone Number:</b>	<b>Name of Staff involved:</b>	
<b>What right was violated?</b>		
<b>Describe what happened:</b>		
<b>What would you like to have happen in order to correct the violation?</b>		
<b>Complainant's Signature</b>	<b>Date</b>	<b>Name of Person Assisting Complainant</b>
<small>DCH 0030 Replaces DCH-2500 Authority: P.A. 258 of 1974 as amended            Distribution: ORIGINAL TO ORR            COPY to Complainant (with acknowledgement letter)</small>		