

OAKLAND COUNTY COMMUNITY MENTAL HEALTH AUTHORITY RECIPIENT RIGHTS COMPLAINT

For Office Use Only
Case #: _____
Category: _____

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 2011 Executive Hills Boulevard Auburn Hills, MI 48326-2944

Complainant's Name:	Recipient's Name:
Address:	Address:
Phone Number:	Phone Number:
Where did it happen?	When did it happen? (Date and Time)

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
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