



Macomb County Community Mental Health
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 **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	Name Of Person Assisting Complainant
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