

To Recipient/Client:
Please read instructions below and sign information release on Page 2.

Program Name: _____
License No.: _____
Complaint No.: _____

1. DESCRIBE YOUR COMPLAINT: (Does your complaint involve a person, a procedure, or the building the program is in? Give names of witnesses or other details that will help your rights advisor understand your complaint.)

2. Where did it happen? (Address or Location) _____
3. When did it happen? (Date and Time) _____
4. What right(s) do you think was violated? _____
5. What would you consider to be a fair solution to this problem? (What do you want done, by whom and by when?) _____
6. How do you want to get your copy of the investigation report on this complaint? (Check one)
 - Pick up in rights' advisor's office within 30 working days. When report is ready, please call me at: _____ Telephone
 - Mail to me at the following address by registered mail: _____ Street Address

City State Zip Code

Recipient's signature (Sign Page 2 also) Printed Name Date

Recipient/Client:
Give this form to your rights advisor

Copies To: Recipient
MDCH/BHS/L&C/SALS
Coordinating Agency

Date Received by rights advisor

Date Report due to recipient

Rights Advisor's Signature

Printed Name

HOW TO FILE A COMPLAINT

- A. You should fill out this form if you believe one of your rights has been violated.
- B. If you need help to write out your complaint, please see your rights advisor.
- C. If you aren't sure what right was violated, ask your rights advisor for a list of your rights.
- D. After you fill out items 1 through 7 on Page 1, sign the information release authorization below.
- E. Give the form to your rights advisor.

WHAT WILL HAPPEN NEXT

After you give the completed form to your rights advisor, he or she may ask you for additional information. The rights advisor will then investigate your complaint and try to develop a fair solution.

Within 30 working days of the date your rights advisor receives this form, he or she will give you a written **Recipient Rights Investigation Report**. That report will have a summary of what the rights advisor found while investigating your complaint. It will have a proposed solution (action plan) if your complaint was found to require some action.

YOUR RIGHT TO APPEAL

When you receive the *Recipient Rights Investigation Report*, you will have 15 working days to decide to accept the findings and/or action plan proposed by the program, or to file an appeal. If you do not appeal within 15 days, this indicates you have accepted the investigation report.

INFORMATION RELEASE AUTHORIZATION

I hereby authorize the _____ program to release information contained in my program records to my coordinating agency rights consultant or designee and to the substance abuse rights coordinator or designee. I authorize release of information that is necessary for the complete investigation of my recipient rights complaint and any future appeals. The release includes authorization to interview witnesses concerning my complaint when such interviews are necessary for a complete investigation of my complaint.

This authorization is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished.

Without expressed revocation, this authorization expires when the investigation of my complaint or subsequent appeals has been completed.

Signature of Recipient

Date Signed

Signature of Witness

Date Witnessed