

RECIPIENT RIGHTS COORDINATING AGENCY
INVESTIGATION REPORT

TO BE COMPLETED BY C.A.

To Recipient/Client: Please Read
Instructions on Page 2

Program Name: _____

License No.: _____

Complaint No.: _____

Date Appeal Filed: _____

FINDINGS: THE ALLEGATIONS IN THIS APPEAL HAVE BEEN INVESTIGATED. THE FINDINGS AND REMEDIAL ACTION PLAN:

- Support the recipient rights investigation report dated _____
- Support, in part, the recipient rights investigation report dated _____
- Do not support the recipient rights investigation report dated _____
- Are inconclusive

1A. Preliminary Report: The investigation is not complete because: _____

The report will be completed on the following date: _____

2. NARRATIVE SUMMARY OF INVESTIGATION AND FINDINGS:

3. REMEDIAL ACTION: Remedial Action not required Remedial action required

REMEDIAL ACTION PLAN:

4. SUBMITTED BY: _____
Rights Consultant's Signature Date

Printed Name

5. RECIPIENT CERTIFICATION: I certify that I have received a copy of this report and have been informed of my right to appeal within 15 working days. (If mailed, indicate date)

Recipient's Signature

Date (signed or mailed)

Printed Name

COPIES TO: COORDINATING AGENCY
PROGRAM
MDCH/BHS/L&C/SALS

AN APPEAL MUST BE RECEIVED BY _____
Date

BHS-LC-904 (Revised 04/04)
By Authority: PA 368 of 1978, as amended

The Michigan Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc. under the Americans with Disabilities Act, you may make your needs known to this Agency.

INSTRUCTIONS FOR THE RECIPIENT/CLIENT

THIS FORM CONTAINS THE OFFICIAL COORDINATING AGENCY RESPONSE TO YOUR RECIPIENT RIGHTS APPEAL.

YOU SHOULD RECEIVE THIS REPORT NO LATER THAN 30 WORKING DAYS AFTER THE COORDINATING AGENCY RIGHTS CONSULTANT RECEIVED YOUR COMPLAINT.

IF THERE IS SOME REASON FOR TAKING MORE THAN 30 WORKING DAYS TO RESPOND TO YOUR APPEAL, YOU WILL RECEIVE A PRELIMINARY REPORT WITHIN 30 WORKING DAYS WITH AN EXPLANATION OF WHY IT IS TAKING LONGER, AND THE DATE THE REPORT WILL BE COMPLETED.

WHEN YOU RECEIVE THIS REPORT, YOU HAVE 15 WORKING DAYS TO DECIDE TO ACCEPT THE FINDINGS AND/OR ACTION PLAN OR TO FILE AN APPEAL. THE LAST DATE UPON WHICH YOU MAY FILE AN APPEAL IS NOTED IN THE LOWER RIGHT-HAND CORNER OF THE FORM.

NO ACTION ON YOUR PART BY THE INDICATED DATE MEANS YOU HAVE ACCEPTED THE FINDINGS AND ACTION PLAN AS A SOLUTION TO YOUR COMPLAINT.

IF YOU WANT TO FILE ANOTHER APPEAL, ASK YOUR PROGRAM RIGHTS ADVISOR OR COORDINATING AGENCY RIGHTS CONSULTANT FOR A RECIPIENT RIGHTS STATE LEVEL APPEAL FORM, OR YOU MAY OBTAIN ONE FROM:

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH SYSTEMS
DIVISION OF LICENSING & CERTIFICATION
SUBSTANCE ABUSE LICENSING SECTION
P.O. BOX 30664
LANSING, MICHIGAN 48909
TELEPHONE NO. (517) 241-1970

NEW COMPLAINTS

IF YOU ACCEPT THE REMEDIAL ACTION PLAN IN THIS REPORT BUT LATER DECIDE IT ISN'T BEING PUT INTO PLACE AS DESCRIBED IN THIS REPORT, YOU MAY FILE A NEW RECIPIENT RIGHTS COMPLAINT.