

To Recipient:  
Please read instructions on Page 2.

Program Name: \_\_\_\_\_

License No: \_\_\_\_\_

Complaint No.: \_\_\_\_\_

Date Complaint Filed: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

1. Findings: The allegations in this complaint have been investigated and the findings:
- Support the allegations
  - Do not support the allegations
  - Support the allegations in part
  - Are inconclusive

1A. Preliminary Report: The investigation has not been completed for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The report will be completed on the following date: \_\_\_\_\_

2. Narrative summary of investigation and findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Remedial Action:  Remedial action is not required  Remedial action required

Submitted by: \_\_\_\_\_  
Rights Advisor's Signature Printed Name Date

4. Remedial action plan (to be completed by Program Director): \_\_\_\_\_  
\_\_\_\_\_

5. Program Director's assurance: I agree to implement the action plan described above and within the time frame indicated.  
\_\_\_\_\_  
Program Director's Signature Date

6. 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 mailed.)  
\_\_\_\_\_  
Recipient's signature Date (signed or mailed)

An appeal must be received by: \_\_\_\_\_  
Date

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

## INSTRUCTIONS FOR THE RECIPIENT/CLIENT

This form contains the official program response to your recipient rights complaint.

You should have received this report no later than **30 working days** after the recipient rights advisor received your complaint.

If there is some reason for taking more than 30 working days to respond to your complaint, 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 left-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 an appeal, ask your rights advisor for a recipient rights appeal form, or you may request 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.