

RECIPIENT RIGHTS STATE LEVEL APPEAL

TO BE COMPLETED BY STATE COORDINATOR

To Recipient/Client:  
Please read instructions on Page 2

Program Name: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Complaint No.: \_\_\_\_\_  
Date Original Complaint Filed: \_\_\_\_\_

1. DESCRIBE YOUR REASONS FOR FILING AN APPEAL. Explain what was done or not done that leaves you dissatisfied.

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

2. WHAT WOULD YOU CONSIDER TO BE A FAIR SOLUTION TO THIS APPEAL?

- The same as I wrote on Coordinating Agency Appeal Form 903.
- Not the same as I wrote on Coordinating Agency Appeal Form 903. Explain what you want done, by whom and when:

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

3. HOW DO YOU WANT TO GET YOUR COPY OF THE INVESTIGATION REPORT ON THIS APPEAL? (Check One)

- Pick up in Office of State Rights Coordinator in Lansing within 30 days. When report is ready, phone me at: \_\_\_\_\_
- Mail to me at the following address by registered mail:

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

To Be Completed By State Coordinator

Date Appeal Received: \_\_\_\_\_

Date Report Due To Recipient: \_\_\_\_\_

\_\_\_\_\_  
State Rights Coordinator Signature

\_\_\_\_\_  
Printed Name

KEEP A COPY OF THIS FORM AND MAIL ORIGINAL TO:

RECIPIENT RIGHTS COORDINATOR  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
BUREAU OF HEALTH SYSTEMS  
DIVISION OF LICENSING & CERTIFICATION  
SUBSTANCE ABUSE LICENSING SECTION  
P.O. BOX 30664  
LANSING, MI 48909

Copies To: Recipient  
Program  
Coordinating Agency

HOW TO FILE A STATE LEVEL APPEAL

- A. WHEN YOU RECEIVE A RECIPIENT RIGHTS COORDINATING AGENCY INVESTIGATION REPORT FORM IN RESPONSE TO YOUR COORDINATING AGENCY APPEAL, READ IT CAREFULLY. IF YOU HAVE QUESTIONS ABOUT WHAT IT SAYS, ASK YOUR COORDINATING AGENCY RIGHTS CONSULTANT TO EXPLAIN IT.
- B. IF YOU DO NOT ACCEPT THE FINDINGS OR REMEDIAL ACTION PLAN DESCRIBED ON THE REPORT FORM AS A FAIR SOLUTION TO YOUR COMPLAINT, YOU SHOULD COMPLETE THIS FORM BY THE DATE INDICATED.

WHAT WILL HAPPEN NEXT

AFTER YOU GIVE THE COMPLETED FORM TO YOUR STATE RIGHTS COORDINATOR, HE/SHE MAY ASK YOU FOR ADDITIONAL INFORMATION. THE RIGHTS COORDINATOR WILL THEN INVESTIGATE YOUR COMPLAINT AND TRY TO DEVELOP A FAIR SOLUTION.

WITHIN 30 WORKING DAYS OF THE DATE YOUR STATE RIGHTS COORDINATOR RECEIVES THIS FORM, HE/SHE WILL GIVE YOU A WRITTEN STATE LEVEL INVESTIGATION REPORT. THAT REPORT WILL HAVE A SUMMARY OF WHAT THE STATE RIGHTS COORDINATOR FOUND WHILE INVESTIGATING YOUR APPEAL. IT WILL HAVE A PROPOSED SOLUTION (ACTION PLAN) IF YOUR APPEAL WAS FOUND TO REQUIRE SOME ACTION.

YOUR RIGHT TO FURTHER APPEAL

WHEN YOU RECEIVE THE STATE LEVEL INVESTIGATION REPORT, YOU WILL AGAIN HAVE 15 WORKING DAYS TO DECIDE TO ACCEPT THE FINDINGS AND/OR ACTION PLAN PROPOSED BY THE STATE RIGHTS COORDINATOR, OR TO FILE AN APPEAL. IF YOU DO NOT APPEAL WITHIN 15 WORKING DAYS, THIS INDICATES YOU HAVE ACCEPTED THE INVESTIGATION REPORT.