



Complaint Number	Category
------------------	----------

Michigan Department of Health and Human Services  
**RECIPIENT RIGHTS COMPLAINT**

**INSTRUCTIONS:**

If you believe that a right 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. Send the complaint to the rights office at Gogebic Community Mental Health Authority 103 W. U.S. 2 Wakefield, MI 49968 or F.A.X. to (906)229-6191 Attention: Kristina L. Potesta, RRO. If you need additional assistance you may call the rights office at (906)229-6104.

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Where did the alleged violation occur?
Complainant's Phone Number:	When did the alleged violation happen? (Date and Time):

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
-------------------------	------	--------------------------------------