

RECIPIENT RIGHTS COMPLAINT

complaint. A rights officer/advis	or will review the complai he Recipient Rights Office	(or someone on your behalf) may use this form to make a nt and may conduct an investigation. Keep a copy for your at: 812 E. Jolly Rd. Suite 108, Lansing, MI 48910 Attn:
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 hap	open in order to correct the	violation?
Complainant's Signature:	Date:	Name of Person Assisting Complainant:
DCH 0030 Replaces DCH-2500	Distribution: ORIG	Authority: P.A. 258 of 1974 as amended GINAL TO ORR
	COPY to Complainant (v	vith acknowledgement letter)