



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

DETROIT WAYNE MENTAL HEALTH AUTHORITY RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS:

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights representative will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to Detroit Wayne Mental Health Authority, Office of Recipient Rights, 707 W. Milwaukee St., 2nd floor, Detroit, MI, 48202-2943

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Recipient's Address:
Complainant's Phone Number:	Recipient's Phone Number:
Where did the alleged violation occur?	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
-------------------------	------	--------------------------------------