



Complaint Number	Category
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## 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 staff person from the Office of Recipient Rights will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the Office of Recipient Rights at:

**Genesee Health System**  
**1040 W Bristol Road**  
**Flint MI 48507**  
**(810) 257-3710**

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
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DCH 0030 Replaces DCH-2500

Distribution: ORIGINAL TO ORR  
COPY to Complainant (with acknowledgement letter)

Authority: P.A. 258 of 1974 as amended