**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 officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the Rights Office at Northpointe, 715 Pyle Drive, Kingsford, MI 49802 where you are receiving (or received) services, or to: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933

<table>
<thead>
<tr>
<th>Complainant's Name:</th>
<th>Recipient’s Name (if different from complainant):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complainant’s Address:</td>
<td>Where did the alleged violation occur?</td>
</tr>
<tr>
<td>Complainant’s Phone Number:</td>
<td>When did the alleged violation happen? (date and time):</td>
</tr>
</tbody>
</table>

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
---|---|---

DCH 0030 Replaces DCH-2500  
Authority: P.A. 258 of 1974 as amended  
Distribution: ORIGINAL TO ORR  
COPY to Complainant (with acknowledgement letter)