

INSTRUCTIONS

RECIPIENT RIGHTS COMPLAINT FORM

A Recipient Rights Complaint form is the form that needs to be used in order to document any violation of a consumer's rights per the Michigan Mental Health Code. What is a "Right"? A "Right" = that to which a recipient of mental health services has a claim; belonging to the recipient of mental health services by law; that to which a recipient of mental health services is entitled to.

A few examples of rights included in the Michigan Mental Health Code – Chapter 7: Rights of Recipients are as follows:

1. A recipient of mental health services has the right to be free from abuse and neglect at ALL times. ALL allegations of suspected or known abuse and neglect will be reported by recipients and staff to the Office of Recipient Rights IMMEDIATELY per the Ottawa County CMH Recipient Rights (RR) Policy 1.6. Immediate is defined in RR Policy 1.6 as "present, at once, without delay; action is or must be taken either instantly or without any consider loss of time". Meaning, staff do **NOT** have 24 hours to report allegations of abuse and neglect to the Office of Recipient Rights. Remember, it is staff's first and foremost responsibility to protect all recipients. Therefore, failure to report allegations of abuse and neglect immediately WILL result in a substantiated neglect violation against all staff with knowledge of the alleged abuse and/or neglect.
2. A recipient of mental health services and/or family members have the right to be treated with dignity and respect (i.e. honor and esteem) by a paid staff member.
3. A recipient of mental health services has the right to receive mental health services in an environment that is humane, safe, and sanitary; an environment free from smells, an environment with good lighting, hot and cold water, and good lighting.
4. A recipient of mental health services has the right to send and receive mail, make telephone calls, and have visitors of his/her choice; unless specified in the recipient's Individual Plan of Services (IPOS) due to a health and safety concern or in the recipient's Behavior Treatment Plan.
5. A recipient of mental health services has the right to be notified of his/her rights per the mental health code, at a

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minimum, annually during his/her Person Centered Planning meeting to develop his/her IPOS.

The rights outlined in Chapter 7 of the Mental Health are often referred to as “code protected rights”. Again, these are rights that a recipient of mental health services has that go beyond the basic human rights, civil rights or constitutional rights that we are all entitled to as citizens.

Complaint Forms. A ***Complaint Form*** is the proper form to complete to document any violation of a consumer’s rights. These forms can be completed by consumers or staff, or by anyone else on behalf of a consumer.

Complaints should NOT be documented in an ***Incident Report***.



Complaint Number	Category
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Community Mental Health of Ottawa County
 12265 James Street, Holland, MI 49424
 Briana Fowler, Director of Recipient Rights, bfowler@miottawa.org
 Phone: (616) 393-5763 FAX: (616) 393-5687

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 officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original via mail, email or fax to the Rights Office at the CMH agency (listed above) or the hospital where you are receiving (or received) services, or to: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933		
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
DCH 0030 Replaces DCH-2500		Authority: P.A. 258 of 1974 as amended
Distribution: ORIGINAL TO ORR COPY to Complainant (with acknowledgement letter)		