



MIHP Program

Beneficiary Grievances

All clients have the right to be informed about policies and procedures for grievances, complaints and appeals; and to utilize these processes.

1. If a client has a complaint about the services she/he received or has a problem with the MIHP program, the complaint shall be brought to the attention of the MIHP supervisor within 48 hours by calling 616.393.5758. Efforts shall be made to resolve the issue with the client and program supervisor within 7 working days.
2. A grievance form shall be given to the client if indicated.
3. If the client wishes to fill out a grievance form, she/he shall be informed that the grievance will be heard by the Community Health Program Manager of the Ottawa County Health Department within 7 days.
4. In the event the client is unable to be reached by telephone, a letter will be sent to the client indicating the method to address the grievance procedure with the program supervisor.

Branch Office
1207 S. Beechtree Street Suite B.
Grand Haven, MI 49417
Phone-616.846.8360
Fax-616.844.1778

Branch Office
12251 James St., Ste 400
Holland, MI 49424
Phone-616.396.5266
Fax-616.393.5659

Branch Office
3100 Port Sheldon Road
Hudsonville, MI 49426
Phone-616.669.0040
Fax-616.669.3039