

To Be Completed By Coordinating Agency:

Program Name
License Number
Complaint Number
Date Appeal Filed

**RECIPIENT RIGHTS COORDINATING AGENCY
 INVESTIGATION REPORT**

Authority: Public Act 368 of 1978, as amended

1.	Findings:	The allegations in this appeal have been investigated. The findings and remedial action plan:	
		Support the allegations	Do not support the allegations
		Support the allegations in part	Are inconclusive
1A.	Preliminary Report:	The investigation has not been completed for the following reason(s):	

		The report will be completed on the following date: _____	
2.	Narrative summary of investigation and findings:	_____	

3.	Remedial Action:	Remedial action is not required	Remedial action required
	Submitted by:	_____	_____
		Rights Advisor's Signature	Date
	Printed Name:	_____	
4.	Remedial action plan (to be completed by Program Director):	_____	

5.	Program Director's Assurance:	I agree to implement the action plan described above and within the time frame indicated.	
		_____	_____
		Program Director's Signature	Date
6.	Recipient Certification:	I certify that I have received a copy of this report and have been informed of my right to appeal within 15 working days. (If mailed, indicate date mailed)	
		_____	_____
		Recipient's Signature	Date (signed or mailed)
	An appeal must be received by:	_____	
		(Date)	
Copies to: 1) Program 2) LARA/BHCS/SUBSTANCE ABUSE 3) Coordinating Agency			

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Facilities Division
Substance Abuse Program
P.O. Box 30664
Lansing, MI 48909
(517) 241-1970

RIGHTS COORDINATING AGENCY INVESTIGATION REPORT

This form contains the official **Coordinating Agency** response to your recipient rights appeal.

You should have received this report no later than **30 working days** after the Coordinating Agency Rights Consultant received your complaint.

If there is some reason for taking more than 30 working days to respond to your appeal, you will receive a preliminary report within 30 days with an explanation of why it is taking longer, and the date the report will be completed.

When you receive this report, you will have 15 working days to decide to accept the findings and/or action plan or to file an appeal. The last date upon which you may file an appeal is noted in the lower left-hand corner of the form.

No action on your part by the indicated date means you have accepted the findings and action plan as a solution to your complaint.

If you want to file an appeal, ask your program rights advisor or coordinating agency rights consultant for a Recipient Rights Appeal form or you may request one from:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Health Facilities Division
Substance Abuse Program
P.O. Box 30664
Lansing, MI 48909

NEW COMPLAINTS

If you accept the remedial action plan in this report but later decide it isn't being put into place as described in this report, you may file a new recipient rights complaint.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.