

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

To Be Completed By C.A. Consultant:

Program Name
License Number
Complaint Number
Date Original Complaint was Filed
Date Report Due to Recipient

**RECIPIENT RIGHTS COORDINATING  
 AGENCY APPEAL FORM**

Authority: Public Act 368 of 1978, as amended

1.	<p><b>Describe your reasons for filing an appeal:</b> (Explain what was done or not done that leaves you dissatisfied). Attach additional paper if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
2.	<p><b>What would you consider to be a fair solution to this appeal?</b></p> <p>The same as I wrote on my recipient rights complaint form (SUB-060).</p> <p>Not the same as I wrote on complaint form (SUB-060). Explain what you want done, by whom and when:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
3.	<p><b>How do you want to get your copy of the investigation report on this complaint?</b> (Check one)</p> <p><b>PICK UP</b> in rights' advisor's office with 30 working days. When report is ready, please call me at: _____ (Telephone Number w/area code)</p> <p><b>MAIL</b> to me at the following address by registered mail:</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Street Address</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code
Street Address	City	State	Zip Code		
<p><b>Recipient's Signature:</b> _____ <b>Date:</b> _____</p> <p>Printed Name: _____</p>					
<p><b>Rights Advisor's Signature:</b> _____ <b>Date:</b> _____</p> <p>Printed Name: _____</p>					
<p><b>Copies to:</b> 1) Program 2) LARA/BHCS/SUBSTANCE ABUSE 3) Coordinating Agency</p>					

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## **INSTRUCTIONS FOR FILING A COORDINATING AGENCY APPEAL**

### **HOW TO FILE A COMPLAINT**

- A. When you receive a Recipient Rights Investigation Report form in response to your complaint, read it carefully. If you have any questions about what it says, ask your rights advisor to explain it.
- B. If you DO NOT accept the findings or remedial action plan described on the Report form as a fair solution to your complaint, you should complete this form by the date indicated.

### **WHAT WILL HAPPEN**

After you give the completed form to your Coordinating Agency Rights Consultant, he or she may ask you for additional information. The Rights Consultant will then investigate your complaint and try to develop a fair solution.

Within 30 working days of the date your Coordinating Agency Rights Consultant receives this form, he or she will give you a written **Coordinating Agency Investigation Report**. That report will have a summary of what the Rights Consultant found while investigating your appeal. It will have a proposed solution (action plan) if your appeal was found to require action.

### **YOUR RIGHT TO FURTHER APPEAL**

When you receive the *Coordinating Agency Investigation Report*, you will have **15** working days to decide to accept the findings and/or action plan proposed by the Coordinating Agency Rights Consultant, or to file an appeal. If you do not appeal within **15** working days, this indicates/means you have accepted the investigation report.

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.