

Instructions

Print legibly or type information. Sign at bottom.
 Complete **all** sections of this form.
 Return this copy to the address at the right.
 Retain a copy for your records.

State of Michigan
 Department of Human Services
 Office Of Children And Adult Licensing
 P.O. Box 30650
 Lansing, Michigan 48909
 www.michigan.gov

Office Use Only

File #

COMPLAINT FORM

Authority: P.A. 116 of 1973, as amended
 P.A. 368 of 1978, as amended
 P.A. 218 of 1979, as amended

I wish to complain against the facility or agency named below. I am submitting this information so that it may be determined if licensing action against this facility or agency should be considered.

Information About You

Your Name

Street Address

City

State

Zip Code

County

Resident Name (if applicable)

Your Telephone Number

Home: ()

Work: ()

Complaint Filed Against

Facility/Agency

License # (if known)

Street Address

City

State

Zip Code

Telephone Number

()

Incident Date

Check One: Adult Foster Care Facility Child Care Home Child Care Placing Agency Foster Home
 Home for the Aged Child Care Center Child Caring Institution Camp

Is there court action pending?

Enter Your Attorney's Name

May we release your name?

Will you testify at an Administrative Hearing?

 Yes No Yes No Yes No

Give details of your concerns (who, what, when, where, how, etc. Use additional sheets if necessary).

Signature

Date