

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions - **Substance Abuse Program**
P.O. Box 30670
Lansing, MI 48909
(517) 241-1970

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.

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Professions
Substance Abuse Program
 P.O. Box 30670
 Lansing, MI 48909
 (517) 241-1970

LARA/SUB-063 (8/11)
 Old: BHS/LC-903

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. **Describe your reasons for filing an appeal:** (Explain what was done or not done that leaves you dissatisfied). Attach additional paper if necessary.

2. **What would you consider to be a fair solution to this appeal?**

The same as I wrote on my recipient rights complaint form (SUB-060).

Not the same as I wrote on complaint form (SUB-060). Explain what you want done, by whom and when:

3. **How do you want to get your copy of the investigation report on this complaint?** (Check one)

PICK UP in rights' advisor's office with 30 working days. When report is ready, please call me at: _____ (Telephone Number w/area code)

MAIL to me at the following address by registered mail:

Street Address	City	State	Zip Code
----------------	------	-------	----------

Recipient's Signature: _____ **Date:** _____

Printed Name: _____

Rights Advisor's Signature: _____ **Date:** _____

Printed Name: _____

Copies to: 1) Program 2) LARA/BHP/SUBSTANCE ABUSE 3) Coordinating Agency

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.