

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 Rights Advisor:

Program Name
License Number
Complaint Number
Date Complaint Filed
Date Response Due

**RECIPIENT RIGHTS INVESTIGATION REPORT**

Authority: Public Act 368 of 1978, as amended

1. **Findings:** The allegations in this complaint have been investigated and the findings:
- |                                 |                                |
|---------------------------------|--------------------------------|
| 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:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rights Advisor's Signature**      **Date**

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

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## **INSTRUCTIONS FOR THE RECIPIENT/CLIENT RECIPIENT RIGHTS INVESTIGATION REPORT**

This form contains the official **program** response to your recipient rights complaint.

You should have received this report no later than **30 working days** after the recipient rights advisor received your complaint.

If there is some reason for taking more than 30 working days to respond to your complaint, 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 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.