

## COMPLAINT REGARDING LICENSED/REGULATED FACILITY

Michigan Department of Health and Human Services  
 Division of Child Welfare Licensing  
 PO Box 30650  
 Lansing, MI 48909

The Division of Child Welfare Licensing (DCWL) receives and processes complaints for:

- Child Caring Institutions.
- Child Placing Agencies.
- Juvenile Court Operated Facilities.

**Children’s Foster Homes** – If you want to make a complaint about a children’s foster home, contact the child placing agency that licenses the foster home. If you do not know that information call 844-313-3447.

When making a complaint, it is important that you fill out the complaint form as completely as possible. Your name will be kept **confidential** and **will not** be released unless ordered by the court. You are not required to give your name or contact information. However, if you do not provide it, a licensing consultant will not be able to contact you if additional information is needed. **Your complaint may not be assigned or may be unconfirmed due to an inability to reach you for follow-up.** Fax completed forms to 517-373-8570.

### Abuse and Neglect Complaints

If you are making a complaint regarding the abuse or neglect of a child in a child caring institution, a juvenile court operated facility or a children's foster home, contact centralized intake at 855-444-3911.

### Unlicensed Complaints

If you are making a complaint regarding a facility/agency/provider operating without a registration/license, you must indicate how you know the facility/agency/provider is operating without a registration/license.

### Complaint Information

I wish to complain against the facility/agency/provider named below. I am submitting this information so that it may be determined if a licensing or a child welfare contract action against his facility/agency/provider should be considered.

Information About You			Complaint Against		
Your Name			Facility/Agency/Provider		Registration/License # (if known)
Street Address			Street Address		
City			City		State      Zip Code
State	Zip Code	County	Telephone Number (    )		Incident Date (if applicable)
Your Telephone Number - Home (    )		Work (    )			
Your Role/Relationship to the Facility/Agency/Provider (e.g. Parent of Child in Care, Employee, Centralized Intake, etc.)					
Check One: <input type="checkbox"/> Child Placing Agency <input type="checkbox"/> Child Caring Institution					
<b>I certify that the information provided is complete and accurate to the best of my knowledge. I understand that making a false complaint is a crime punishable by up to a \$4,000 fine, imprisonment for up to four years, or both.</b>					
Signature					Date

Is this a complaint regarding facility/agency/provider operating without a registration/license?  No  Yes  
If yes, how do you know the facility/agency/provider is operating without a registration/license?

For all other complaints or an unlicensed complaint where you have additional concerns, answer the following questions, as applicable, regarding each concern. Be as specific as possible.

(Use additional sheets if necessary)

Who was involved? (If you know the names of caregivers/employees/residents/children involved, provide them.)

What happened?

When did it happen (Particular day, time of day, etc.)

How many times did this happen?

Where did it take place? (Specific area/room of the facility, off-site, etc.)

Did other people see it? Do other people know about it? If yes, include their names.

How do you know this happened? Or about the violation?

Is it still going on? If yes, how do you know?

If you know the act section or rule violated or the contract, provide it.

**Authority:**

P.A. 116 of 1973, as amended

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