

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS
CHILD CARE LICENSING DIVISION
ADULT FOSTER CARE AND CAMPS DIVISION
COMPLAINT FORM**

The Bureau of Community and Health Systems, Child Care Licensing Division and Adult Foster Care and Camps Division receive and process complaints for:

- Adult Foster Care and Homes for the Aged.
- Child Care Facilities.
- Children's Camps.
- Adult Foster Care Camps.

Nursing Homes – To make a complaint against a nursing home, call (800) 882-6006 or go to www.michigan.gov/lara/0,4601,7-154-6329472973---,00.html.

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.**

Abuse and/or Neglect Complaints

Call 855-444-3911 if you are making a complaint regarding abuse, neglect or exploitation:

- In a child care facility (family or group child care home or child care center).
- Of an adult.

Complete the online complaint form below to make a complaint regarding abuse or neglect of a child in a children's camp or an adult in an adult foster care camp.

[Learn more about abuse and neglect.](#)

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 action against this facility/agency/provider should be considered.

Information About You				Complaint Against		
Your Name				Facility/Agency/Provider		
Street Address				Registration/License # (if known)		
City				Street Address		
State	Zip Code	County		City	State	Zip Code
Email address				Telephone Number ()		
Your Telephone Number Home: ()		Work: ()		Incident Date (if applicable)		
Your Role/Relationship to the Facility/Agency/Provider (E.g., Parent of Child in Care, Employee, Centralized Intake, etc.)						
Check One: EI Adult Foster Care Facility EI Home for the Aged		EI Child Care Home EI Child Care Center		EI Children's Camp EI Adult Foster Care Camp		
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 \$5,000 fine, imprisonment for up to four years, or both.						
Signature					Date	

Is this a complaint regarding a 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.