



COMMUNITY AND HEALTH SYSTEMS

To Be Completed by Complainant

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|---|
| Program Name |
| License Number (if known) |
| Date Original Complaint was Filed |
| Date received programs investigation report (BCHS-SUD-205): |

**Substance Use Disorder
COMPLAINANT'S APPEAL TO THE REGIONAL ENTITY RIGHTS CONSULTANT**

1. Describe the reason for filing an appeal: (Attach additional paper if necessary)

2. Please identify how you would like to receive a copy of the Regional Entity Right Consultants investigation finding? (Check one)

PICK UP in regional rights advisor office within 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

Complainant's Signature: Date:

Printed Name:

Complainant provided this BCHS-SUD-210 to Regional Entity Rights Consultant on: Date:

Copies Provided: The Regional Entity Rights Consultant must send a copy of this BCHS-SUD-210 to the Program Rights Advisor and to the Department Date Provided:

INSTRUCTIONS FOR COMPLAINANT

This BCHS-SUD-210 form contains your appeal to the Program Rights Advisors findings. You have 15 working days to submit this BCHS-SUD-210 to the Regional Entity Rights Consultant. A list of the Regional Entity Rights Consultants can be located at www.michigan.gov/laraxxxx (need to insert the link to the SUD website for forms and resources block)

After you give this completed BCHS-SUD-210 form to your Regional Entity Rights Consultant, you may be asked for additional information. The Regional Entity Rights Consultant will then investigate the complaint. Within 30 working days of the Regional Entity Rights Consultant receiving this BCHS-SUD-210 form, you should receive the Regional Entity Rights Consultant Investigation Report BCHS-SUD-215. The BCHS-SUD-215 report will have a summary of the Regional Entity Rights Consultant investigating findings to your appeal.

Once you have received the Regional Entity Rights Consultants Investigation Report BCHS-SUD-215 response, you will have **15 working days** to decide to accept the findings and/or remedial action plan or to file an appeal. The findings are final after 15 days if no appeal is filed.

To file an appeal with the Department, complete form BCHS-SUD-220 which can be located at www.michigan.gov/laraxxx (need link for where the complaint forms are) or you may request one from bchs-statelicensing@michigan.gov.

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.