



COMMUNITY AND HEALTH SYSTEMS

To Be Completed by Complainant (Recipient):

Program Name
License Number (if known)
Date Original Complaint was Filed
Date received Regional Right Consultant investigation report (BCHS-SUD-215)

Substance Use Disorder Programs
RECIPIENT RIGHTS APPEAL TO THE DEPARTMENT

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

Multiple horizontal lines for describing the reason for filing an appeal.

2. Please identify how do you want to get your copy of the Department’s investigation report (BCHS-SUD-225)? (Check one)

[] EMAIL at _____

[] MAIL to me at the following address:

Street Address City State Zip Code

Complainant Signature: _____ Date: _____

Printed Name: _____

Complainant must send to the Department at BCHS-statelicensing@michigan.gov Date Sent: _____

INSTRUCTIONS FOR COMPLAINANT

This BCHS-SUD-220 form contains your appeal to the Regional Entity Rights Consultant findings. You have 15 working days to submit this BCHS-SUD-220 to the Department by sending it to bchs-statelicensing@michigan.gov. After the BCHS-SUD-220 form is received by the Department, you may be asked for additional information. The Department will then investigate the complaint. The Department will notify you of the investigation findings and send you a copy of the BCHS-SUD-225 form.

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.