



Substance Use Disorder Programs

COMPLAINT FORM

(Non-Recipient Rights Complaint)

This complaint should be limited to allegations that a program did not comply with the public health code, mental health code, other state laws, or the substance use disorder state administrative rules. Your complaint can be filed with the Department on this form or by contacting the Complaint Department at <https://www.michigan.gov/lara/complaints>.

If the allegations are a recipient rights violation, please go to the recipient rights documents located at <https://www.michigan.gov/lara/recipientrights> to complete the recipient rights complaint forms and process. A list of recipient rights violations are provided on the “[Know Your Rights Brochure](#)”.

This complaint may be subject to a public records request. If you remain anonymous, Licensing and Regulatory Affairs will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

Section I Complainant Information (Skip to Section II if you wish to remain anonymous)

Complainant Name

Home Address

Phone Number Email

Patient Name
(if not the complainant)

Section II Facility Information (Required)

Facility Name

License Number (if known)

Facility Address

Phone Number

Did you notify the facility about your complaint? Yes No

If yes, name of person contacted?



Section III Complaint Information (Required)

Date of Incident: Time of Incident: AM/PM

Describe your complaint. State all the facts, including place of incident, name(s) of other(s) involved, witnesses if any:

Which of the following applies to the complaint you are alleging?:

- Staffing Concerns Facility Concerns Medication Issues
- Other (Not a Recipient Rights Complaint)

What would you consider to be a fair solution to this complaint?



BUREAU OF COMMUNITY AND HEALTH SYSTEMS

Please submit this form via email to bchs-statelicensing@michigan.gov or by mail to:

LARA – BCHS
Health Facilities Division
Substance Abuse Program
P.O. Box 30664
Lansing, MI 48909

The Department will send a letter once the investigation is completed notifying the complainant of the results of the investigation. The letter will be sent to the email provided in Section I. The investigation letter may also be found at [Verify a License](#) once the investigation is completed.

For Internal Use Only:

Date Received: ___/___/___ Complaint Number: _____ Investigator: _____