

CWL-260, COMPLAINT REGARDING LICENSED/REGULATED FACILITY

Michigan Department of Health and Human Services
Division of Child Welfare Licensing
(Revised 7-22)

SECTION 1

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 email MDHHS-DCWL@michigan.gov.

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 517-284-9719.

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.

SECTION 2 – INFORMATION ABOUT YOU

Your Name

Street Address City State Zip Code

Email Address Home Telephone Number Work Telephone Number

SECTION 3 – COMPLAINT AGAINST

Facility/Agency/Provider Registration/License # (if Known)

Street Address City State Zip Code

Telephone Number 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

Child Placing Agency Child Caring Institution

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.

Signature

Date

SECTION 4

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.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

AUTHORITY: P.A. 116 of 1973, as amended