OAKLAND COMMUNITY HEALTH NETWORK
RECIPIENT RIGHTS COMPLAINT

For Office Use Only
Case #:
Category:

If you believe that your rights have been violated, you (or someone else on your behalf) may use this form to make a rights complaint.	**Keep the last copy and return this form to the Rights Office:**
	Oakland Community Health Network 5505 Corporate Dr. Troy, MI 48098

Complainant's Name:	Recipient's Name:
Address:	Address:
Phone Number:	Phone Number:
Where did it happen?	When did it happen?

1. **Describe What Happened: (Attach additional sheets if necessary)**

2. **What right(s) do you feel was violated?**

3. **What resolution do you seek?**

Complainants Signature Date

Person Assisting Complainant Date