

# 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.	<b>Keep the last copy and return this form to the Rights Office:</b>
	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