### Michigan Department of Licensing and Regulatory Affairs BUREAU OF HEALTH SYSTEMS, COMPLAINT INVESTIGATION UNIT

#### NURSING HOME COMPLAINT FORM

Print clearly or type information on all sections of this form. Call 1-800-882-6006 if you need help completing the form.

	RESIDE	NT INF	ORMATION					
Resident/Patient Nam		Birth Date/Age						
Date Admitted	Room #	Discharge Date (if no longer in facility)						
Guardian/Resident Representative			Daytime/Work Phone #			Evening Phone #		
FACILITY INFORMATION								
Facility Name								
Facility Street Address			City	State Zip Code MI				
INFORMAT	TION ABOUT F	PERSC	N FILING THE	COM	<b>IPLA</b> II	NT		
Your Name (if not resident)			Daytime/Work Phone #		Evening Phone #			
Street Address			City		State Zip Code		Code	
E-mail Address					ı	l .		
INFORMATION ABOUT YOUR COMPLAINT								
Date of problem or incident:			Time		AM		PM	
Do you give permission for the resident's name to be rel discuss the complaint?				ease	d to	Yes	No	
What is the complaint No. of pages attached		h addi	tional sheets if	nece	essary	<b>/</b> .		
Your Signature:				Date Signed:				

All nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home who is responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints. You may wish to contact the facility representative or administrator before filing this complaint.

Sign this form when completed and submit it to the Bureau of Health Systems by mail or fax to:

Michigan Department of Licensing and Regulatory Affairs Bureau of Health Systems, Complaint Investigation Unit P.O. Box 30664, Lansing, MI 48909 Fax # (517) 241-0093

Other agencies that help citizens with complaints are:

#### The State Long Term Care Ombudsman

State long-term care ombudsman will help identify, investigate and help resolve complaints of residents of licensed long-term care facilities through its network of local ombudsmen.

Call 1-866-485-9393 (toll-free)

## **Department of Attorney General (AG)**

The Attorney General investigates elder abuse and Medicaid fraud.

Call: 1-800-242-2873 or file a complaint online at

http://www.michigan.gov/ag/

# **Michigan Protection & Advocacy Service (MPAS)**

MPAS can tell you who you should call to report abuse/neglect, help you file a complaint, or investigate an abuse/neglect allegation.

Call: 1-800-288-5923 or (517) 487-1755

http://www.mpas.org/