



Program Name

Date Original Complaint was Filed

Date received Regional Right Consultant investigation report (BCHS-SUD-215)

1. Describe the reason for filing an appeal: (Attach additional paper if necessary)

[illegible]

- ☐ **EMAIL** at _____

- | Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

Date: _____

Complainant must send to the Department at BCHS-statelicensing@michigan.gov

Date Sent: _____

INSTRUCTIONS FOR COMPLAINANT

This BCHS-SUD-220 form contains your appeal to the Regional Entity Rights Consultant findings. You have 15 working days to submit this BCHS-SUD-220 to the Department by sending it to bchs-statelicensing@michigan.gov. After the BCHS-SUD-220 form is received by the Department, you may be asked for additional information. The Department will then investigate the complaint. The Department will notify you of the investigation findings and send you a copy of the BCHS-SUD-225 form.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.