

*Customer Services*  
**Report of Grievance or Appeal**

**INSTRUCTIONS:** Please provide the information requested below to initiate your complaint. You can attach any additional pages you feel are necessary.

Send completed form to: Barry County Community Mental Health Authority  
Customer Services  
500 Barfield Drive  
Hastings, MI 49058  
Or fax to: 269-948-9319  
Or e-mail to: [tipasman@bccmha.org](mailto:tipasman@bccmha.org)

Customer Name:	
Customer phone number:	
Customer address:	
Date of complaint:	
Customer Signature:	

My Grievance or Appeal is about:

Provider/Agency/Staff Name	Service (s)

Please describe why you are filing this complaint:

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What is your desired solution:

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*Customer Services*  
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Date Received by Customer Services: \_\_\_\_\_ Customer ID#: \_\_\_\_\_

<b>Authorized Representative</b> For an Appeal or Grievance, you can name someone to act for you. If you would like to name a person/agency to act for you, please complete this page. If you will complete the grievance or appeal on your own, you can leave this blank.	
Representative Name (please print):	
Relationship to Customer:	
Representative phone:	
Representative address:	

**For the Customer:**

- By signing below, you agree that the named person/agency above will act on your behalf for the grievance or appeal stated on this form.
- By signing below, you authorize Barry County Community Mental Health Authority to disclose your personal information to the authorized representative.
  - We will only release information that relates to the stated grievance or appeal.
  - If the Authorized Representative asks for information not related to the grievance or appeal, we will tell them that we need a full Release of Information (MDHHS-5515) signed by you.
- By signing below, you agree that the named authorized representative will receive any mail or calls related to your grievance or appeal instead of you.
- By signing below, you agree that when the grievance or appeal is resolved, they will no longer be your representative.
  - If you file a new grievance or appeal, you would need to complete this form again to name a representative.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For the Representative:**

- By signing below, you agree to act on behalf of the named customer for the stated grievance or appeal.
- By signing below, you agree to receive personal information of the customer related to the grievance or appeal.
  - If you ask for information not related to the grievance or appeal, we will tell you that we need a full Release of Information (MDHHS-5515) signed by the customer.
- By signing below, you agree to receive any mail or calls related to the grievance or appeal instead of the customer.
- By signing below you agree that when the grievance or appeal is resolved, you will no longer be the customer's representative.
  - If they file a new grievance or appeal and want you to represent them, we would need this form filled out again.

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Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_