**Complaint Form for Michigan Certified Peer Providers**

**CERTIFIED PEER SUPPORT SPECIALISTS and CERTIFIED PEER RECOVERY COACHES**

The Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration, Office of Recovery Oriented Systems of Care (ROSC), Recovery Support and Services Unit, is dedicated to the principal that certified peer providers must demonstrate the highest standards of ethical practice.

Certification obligates each certified peer provider to agree to follow the Michigan Code of Ethics for their specialty area as a Certified Peers Support Specialist (CPSS) and/or Certified Peer Recovery Coach (CPRC). The Office of Recovery Oriented Systems of Care is committed to investigating complaints of ethical violations.

Persons wishing to file a complaint against a Certified Peer Support Specialist and/or Certified Peer Recovery Coach must provide detailed information in writing. **Filing a complaint**

1. Office of Recovery Oriented Systems of Care, Peer Recovery Support and Services Unit will **not** accept anonymous complaints.
2. “Complainant” is the person filing the complaint.
3. “Respondent” is the person who the complaint is filed against.
4. Complaints must be submitted in writing, using this form, under these guidelines:
	1. Complete all requested fields of information.
	2. Provide or attach a thorough description of the conduct that serves as the basis of your complaint. Include date(s) of the alleged conduct and other facts pertinent to the complaint (who, what, where, when, etc.)
	3. Supporting documentation can be attached to this form.
	4. **All HIPPA and confidentiality requirements must be maintained when filing a complaint.** A release of information form must be completed by the person(s) involved in the complaint who are protected under HIPPA or other confidentiality laws. Otherwise, identifying information must be redacted
	5. In order for ethical complaints to be considered, all complaints must be filed within one year from date offense occurs.
5. Complaints may be mailed, emailed to the following:

**Mail:**

Behavioral Health and Developmental Disabilities Administration
Office of Recovery Oriented Systems of Care

Peer Recovery Support and Services Unit

320 S. Walnut St.
Lansing, MI  48913

**Email:**

MDHHS-PeerSupport@michigan.gov

Subject line: Ethics/Confidential

**Receipt and Review**

Within 2 weeks of the receipt of the complaint, the complainant will receive a notice of the Office of Recovery Oriented Systems of Care, Peer Recovery Support Services Unit intent to open an investigation or dismiss the complaint. With the exception of an interview by the Office with the complainant, all information obtained in the course of investigating, including notes, reports, interviews, transcripts, and any documentation generated or received during an investigation shall remain confidential.

The respondent will be notified in writing of the accusation within 2 weeks of the opening of an investigation. Failure to acknowledge the written notice of investigation will result in a suspension of certification until such time that the situation is resolved. Investigation may be done in writing, by phone or in person.

Complaints will be reviewed by a committee of 3 members including two state of Michigan employees who represent various expertise in the field of peer services.

If a violation of a recipient’s rights or the law is discovered the information may be forwarded to the appropriate agency.**Notice of Outcome**

The outcome of the investigation may include but are not limited to, suspension or removal of certification, reeducation requirements, corrective action or dismissal of the complaint.

Suspension is the loss of certification for a specified period. Removal is the permanent loss of certification. Length of suspension shall be determined by the Peer Recovery Support Services Unit in its sole discretion under consultation with the ethics committee.

Certification may be suspended during the investigation of a complaint, depending on the severity of the complaint. Reeducation or corrective action may be required as determined by the Peer Recovery Support Services Unit in its sole discretion.

The complainant will be notified at the completion of the investigation but will not receive notification of the actions taken.

An ethics complaint should never take the place of notifying law enforcement or other authority.

**Michigan Certified Peer Providers**

**Ethical Complaint Form**

This form is used when filing a complaint of an ethical violation by a certified peer provider. Please fill out the form completely and attach any supporting documentation.

**Complainant Contact Information**

Name Click or tap here to enter text. Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Preferred Mailing Address Click or tap here to enter text.

City/State/Zip Click or tap here to enter text.

**Respondent Information**

Name Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Preferred Mailing Address Click or tap here to enter text.

City/State/Zip Click or tap here to enter text.

**Complaint Details**

Did you:

 [ ]  Observe the conduct firsthand.

[ ]  Hear about the conduct from others.

[ ]  Other (please describe how you became aware of the conduct)

 Click or tap here to enter text.

Has Recipient Rights, Agency Human Resources, Law Enforcement, Adult Protective Services or other authority been notified?

[ ]  Yes (check all that apply)

[ ]  Recipient Rights [ ]  Human Resources [ ]  Adult Protective Services

 [ ]  Law Enforcement [ ]  Other Authority Click or tap here to enter text.

[ ]  No

[ ]  Don’t know

**Complaint Details Continued**

Please provide a thorough description of the conduct that serves as the basis of your complaint. Include date(s) of the alleged conduct and other pertinent facts to the complaint, such as who, what where, when, etc. If you have supporting documentation, please attach.

(The box will expand as you type)

Click or tap here to enter text.

Are you attaching additional documentation? [ ] Yes \* [ ] No

 \*If you are attaching additional documentation containing information protected by HIPPA or other confidentiality laws a signed release of information must be provided for each involved person.

**Other Individuals to Contact**

Provide the names and contact information of any other person who may have information relevant to the complaint. The Office of Recovery Oriented Systems of Care will contact these persons as part of the investigation. Additional pages may be added as needed.

Name Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Relationship to Respondent Click or tap here to enter text.

Name Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Relationship to Respondent Click or tap here to enter text.

Name Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Relationship to Respondent Click or tap here to enter text.

Name Click or tap here to enter text.

Primary Email Address Click or tap here to enter text.

Primary Phone Number Click or tap here to enter text.

Relationship to Respondent Click or tap here to enter text.

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Signature of Complainant: Date:

Thank you for submitting this complaint. An ethical workforce is dependent on all individuals upholding moral principles, values and integrity. You will receive notice of our intent to investigate or dismiss the complaint within 2 weeks of receipt of your complaint.