

**SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**SUBSTANCE USE DISORDER SERVICES  
INFORMAL COMPLAINT**

<b>Name of Complaint:</b>	<b>Date of Complaint</b>
<b>Description of Complaint:</b>	
<b>Administrative Review:</b>	
<b>Decision/Action Plan:</b>	
<b>Executive Director/Program Director's Signature</b> <hr/>	