

REQUEST FOR CONSULTATION WITH THE CORRECTIONS MENTAL HEALTH RIGHTS SPECIALIST

Facility Name	Lock	Prisoner Name	Prison Number
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INSTRUCTIONS:

- If you have questions concerning your rights and/or responsibilities as a prisoner receiving services from the Mental Health Services, you may use this form to request a written consultation with the Corrections Mental Health Rights Specialist.
- The rights specialist will help you understand your rights and responsibilities.
- When completing this form write or print legibly and be concise.
- Remember issues that are grievable must go through the grievance process.
- Keep a copy for yourself and send the original to:

Mental Health Services
3201 Bemis Road
Ypsilanti, MI 48197
Attention: Corrections Mental Health Rights Specialist

TYPE OF PROGRAM

Outpatient
 Residential
 Inpatient
 CSI
 AOP/SOP

What specific questions or concerns would you like addressed?

Prisoner Signature:	Date:
Signature of Person Assisting Prisoner (if any):	Date:

FOR OFFICE USE ONLY:	Request Number:	Date Received:
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