REQUEST FOR CONSULTATION WITH THE CORRECTIONS MENTAL HEALTH RIGHTS SPECIALIST

FOR OFFICE USE ONLY:  

<table>
<thead>
<tr>
<th>Request Number:</th>
<th>Date Received:</th>
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INSTRUCTIONS:

- If you have questions concerning your rights and/or responsibilities as a prisoner receiving services from the Corrections Mental Health Program, 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:

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

TYPE OF PROGRAM

- Outpatient
- Residential
- Inpatient

Prisoner’s Name: ______________________  
Prisoner’s Number: ______________________

Facility Name: _______________________  
Lock: ______________________

What specific questions or concerns would you like addressed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SIGNATURES:  

Person Assisting Prisoner (if any): ________________________________  
Prisoner: ____________________________________________________________________  
________________________________________________________________________

Date