

REQUEST FOR CONSULTATION WITH THE CORRECTIONS MENTAL HEALTH RIGHTS SPECIALIST

FOR OFFICE USE ONLY:

Request Number:

Date Received:

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

Prisoner's Name: _____

Prisoner's Number: _____

Outpatient

Facility Name: _____

Lock: _____

Residential

Inpatient

What specific questions or concerns would you like addressed?

SIGNATURES:

Date

Person Assisting Prisoner (if any)

Prisoner