

**PLUMAS COUNTY, CALIFORNIA**

**COMPLAINT FORM**

Date: \_\_\_\_\_

The information you provide here will remain confidential to the extent possible, however we may need to divulge some or all of the information to investigate your claim. Anyone may file a complaint. Members of the workforce may use this form to report violations of HIPAA by others in the workforce.

You may submit your complaint to:

Complaint Officer's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email address \_\_\_\_\_

**YOUR INFORMATION** (please print)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Best method to reach you: \_\_\_\_\_ Best time to reach you \_\_\_\_\_

**Employees Only: Employees may file complaints anonymously**

Department \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_

**CONSENT TO DISCLOSE YOUR NAME (OPTIONAL)**

- I consent to my name being disclosed to investigate this complaint.
- I do not consent to my name being disclosed. Not using your name may hinder our ability to complete the investigation.

**INFORMATION ABOUT YOUR COMPLAINT**

Name of Department Your Complaint is Against: \_\_\_\_\_

Name of Person Your Complaint is Against: \_\_\_\_\_

Date You First Noticed Action: \_\_\_\_\_

Date(s) Action(s) or Problem(s) Occurred: \_\_\_\_\_

**DETAILS OF THE COMPLAINT**

I have reason to believe that one or more of the following occurred:

- Personal health information has been inappropriately disclosed.
- Personal health information has been inappropriately used.
- Personal health information has been inappropriately disposed of.
- I have been denied access to my personal health information.
- I have not been allowed to amend my personal health information.
- The privacy policies and procedures violate HIPAA requirements.

Please provide a detailed description of your complaint covering *what, when, who, how, where and why* about what happened. You may attach additional pages if there is not enough space.

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Do you have witnesses?     No             Yes

If yes, please provide names, addresses and telephone numbers of your witnesses below:

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**RESOLUTION OF YOUR COMPLAINT**

Please describe how your privacy complaint could be resolved:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

