

**PLUMAS COUNTY, CALIFORNIA**

**COMPLAINT FORM**

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

Dear \_\_\_\_\_:

We received the complaint you filed against \_\_\_\_\_

on \_\_\_/\_\_\_/\_\_\_\_. The following action has been taken:

- A team has been formed to investigate the complaint.
- The complaint was referred to \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_.
- No action will be taken because the complaint you described does not violate HIPAA requirements.

If you have any questions about the above action, please contact

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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