



# COMPLAINT FORM

**THIS FORM IS TO BE USED TO FILE AN OFFICIAL COMPLAINT ABOUT HEALTH CENTER PRIVACY PRACTICES OR COMPLIANCE.**

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures or federal or state privacy rules or law. We will investigate your complaint and give you our written answer within 60 days of our receiving your complaint.

We will not require you to give up any right you may have under federal or state privacy or other law to file your complaint and filing your complaint will not penalize you or your care in any way.

To use this right, please complete, sign and date this form and submit this complaint to us. If you have questions on how to complete this complaint form, please contact us at the location listed below.

You may also file a complaint with the United States Department of Health and Human Services. For more information about how to do this, please contact us at the location listed below.

**SECTION A – PERSON FILING COMPLAINT**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION B – COMPLAINT**

Please give a short, plain statement of your complaint.

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

Please give a short, plain statement of how you would like your complaint to be solved.

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

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I certify that the statements made in this complaint are true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Gina Shahbandar, Privacy Compliance Officer or Betty Calton, Patient Advocate  
P.O. Box 163333, Orlando, FL 32816-3333 • (407) 823-2093*