

Complaint Form

**Florida Department of Elder Affairs
 Privacy Officer
 4040 Esplanade Way
 Tallahassee Florida 32399-7000**

As required by the Health Information Portability and Accountability Act of 1996 you have a right to complain about our privacy policies, procedures or actions. Florida Department of Elder Affairs will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible.

Please complete the sections below:

Name:
Address:
Phone:
Email Address:
What is the best way to reach you?
What are the best hours to reach you?

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken; include the names, if any, of any one in the office with whom you discussed this. Use the other side of this form if you need more room.)

_____ Signature

_____ Date

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This section is to be completed by the reviewer:

Date received:	Reviewed by:
Chief Privacy Officer:	Review Date:

Reviewer's Comments:
