

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
COMPLAINT**

Individual's Name: _____ Birth Date: _____

Recipient Number: _____

Individual's Address: _____

1. Please explain the nature of your complaint. (You may make a complaint concerning the Department's privacy policies and procedures, its compliance with those policies and procedures, or its compliance with the HIPAA Privacy rule.) (You may attach an additional piece of paper if necessary.)

2. I understand that this complaint must be filed within 180-days of when I knew of the action or inaction that is the basis of this complaint.

3. I understand that this complaint may be submitted directly to:

Privacy/Client Information Officer
Department of Public Welfare
Office of General Counsel
3rd Floor West, Health & Welfare Building
Harrisburg, PA 17120

4. I understand that I may submit my complaint directly to the Secretary of Health and Human Services by writing to: 200 Independence Avenue, SW, Washington, DC 20201

Signature of Individual or Personal Representative

Date

FOR DEPARTMENT USE ONLY:

Date Received: _____ Received by: _____

Investigation Commenced: _____

Resolution:

Comments: