

County of Solano

COMPLAINT FILING FORM

DATE:	FILE NUMBER:
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The information you provide here will remain confidential to the extent possible, however we may need to divulge the information to investigate your claim. Anyone may file a complaint. Members of the workforce and consumers/clients may use this form to report violations of privacy, security, government regulations or County policies and procedures.

You may submit your complaint to:

*County of Solano
Privacy Officer
675 Texas Street, Suite 1800
Fairfield, CA 94533*

1. YOUR INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	CITY/STATE:	ZIP CODE:
EMAIL ADDRESS:	DAYTIME TELEPHONE NUMBER:	EVENING TELEPHONE NUMBER:
BEST WAY TO REACH YOU:	BEST HOURS TO REACH YOU:	

EMPLOYEES ONLY	EMPLOYEES MAY FILE COMPLAINTS ANONYMOUSLY	UNIT TITLE:	SUPERVISOR'S NAME:
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2. CONSENT TO DISCLOSE YOUR NAME *(Optional)*

Please select one of the following:

I consent to my name being disclosed to investigate this complaint. We will not divulge information about you in our investigation within the limits allowed in law.

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

3. INFORMATION ABOUT YOUR COMPLAINT

NAME OF THE ORGANIZATION/DEPARTMENT YOUR COMPLAINT IS AGAINST:	NAME OF PERSON YOUR COMPLAINT IS AGAINST:	DATE YOU FIRST NOTICED ACTION:	DATE(S) ACTION(S) OCCURRED:
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COMPLAINT FILING (Continued)

DETAILS OF THE COMPLAINT:

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

- The organization/person has inappropriately disclosed my personal health information
- The organization/person has inappropriately used my personal health information
- The organization/person has inappropriately disposed of my personal health information
- The organization/person has denied access to my personal health information
- The organization/person has denied my amendment to my personal health information
- The organization's privacy policies and procedures violate HIPAA requirements
- Other (Please describe details)

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

DO YOU HAVE WITNESS(ES): NO YES

If yes, please provide the names, addresses and telephone numbers of your witness(s) below:

WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:
WITNESS NAME:	ADDRESS:	TELEPHONE NUMBER:

4. RESOLUTION OF YOUR COMPLAINT

PLEASE DESCRIBE HOW YOU BELIEVE YOUR COMPLAINT CAN BE RESOLVED:

5. YOUR SIGNATURE

SIGNATURE:	DATE: