

Privacy Complaint

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance. Disponible en espanol. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

		t us to send our response to your complaint. telephone or fax if we have any questions.
Address		Telephone
		Fax Number (optional)
	description of your complaint:	
(Please in	nclude date, place and nature of the pri	vacy violation)
	ivacy Complaint form. You will not	ent of Health and Welfare must be submitted in writing be penalized or retaliated against for filing a
on this Procomplaint A compla	ivacy Complaint form. You will not	be penalized or retaliated against for filing a of Health and Welfare must be filed within 180 days of

Idaho Department of Health and Welfare Privacy Office P.O. Box 83720 Boise, ID 83720-0036