



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 español. 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.

Name _____

*Please list below where you want us to send our response to your complaint.
We may need to contact you by telephone or fax if we have any questions.*

Address _____ Telephone _____
 _____ Fax Number (optional) _____

Detailed description of your complaint:
(Please include date, place and nature of the privacy violation)

All privacy complaints to the Idaho Department of Health and Welfare must be submitted in writing on this Privacy Complaint form. You will not be penalized or retaliated against for filing a complaint.

A complaint filed with the Idaho Department of Health and Welfare must be filed within 180 days of when the complainant became aware of the privacy violation.

Your signature _____ Date _____

Please return this form to:

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