ALBANY STATE UNIVERSITY/BOARD OF REGENTS
PRIVACY COMPLAINT FORM

CONFIDENTIAL INFORMATION. FORWARD ORIGINAL FORM AND ANY SUPPORTING ATTACHMENTS WITHIN 24 HOURS TO THE PRIVACY OFFICER, BRODY SOM LAKESIDE ANNEX 2. DO NOT RETAIN A COPY.

1. Individual/Patient Filing Complaint **Date Complaint Received: _____**

Name:_____ Telephone #:_____

Address:_____

Person Reporting (If Other than Individual Above): _____

Relationship to Individual Above: _____ Telephone #: _____

Address: _____

Received By: _____

Complaint Received: _____ In Person _____ Telephone _____ Mail (Attach)

_____ Other (Explain) _____

2. Individual Receiving Complaint Name: _____ Site: _____

Specifics of Complaint: _____

3. Privacy Officer **Date Received: _____** **Date Complete: _____**

Summary of Review and Findings: _____

_____

Suspected Violations Review/Date: Risk Management _____
Compliance _____
Legal _____

Individual Making Complaint Contacted: _____ Date: _____