

**TUSCOLA COUNTY HEALTH DEPARTMENT (TCHD)  
PRIVACY COMPLAINT FORM**

Name of Individual: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date Of Complaint \_\_\_\_\_

Complaint \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of authority if signed by a personal representative

**For TCHD Use Only:**

Date Complaint Received \_\_\_\_\_

Summary of Findings from complaint investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Staff Member Conducting Investigation  
Title

\_\_\_\_\_  
Date

**To be completed by Privacy Officer:**

1. Are sanctions warranted?  Yes  No  
If yes, what \_\_\_\_\_  
\_\_\_\_\_
2. Are changes or additions to existing policies and procedures need to prevent a similar occurrence?  Yes  No  
If yes, what \_\_\_\_\_  
\_\_\_\_\_
3. Was any harm caused to the individual as a result of the violation?  Yes  No  
If yes, what \_\_\_\_\_  
\_\_\_\_\_
4. Is the harm mitigateable?  Yes  No  
If yes, what \_\_\_\_\_  
\_\_\_\_\_
5. Date written summary sent to individual \_\_\_\_\_

\_\_\_\_\_  
Signature of Privacy Officer

\_\_\_\_\_  
Date