**PRIVACY COMPLAINT FORM**

This form is to be used if you have a complaint about the way anyone at CDC has handled your health information. Please let us know by completing and returning this form to the Privacy Officer at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your complaint will be reviewed and reasonable efforts will be made to resolve it.

Please give us as much information as possible to help us understand the details of your complaint (attach extra pages if necessary).

Are there any documents that we should look at to review your complaint? If so, please provide information on the description and location.

**Name**

**Telephone number**

**Address**