



**Complaint—Filing or Reporting
Hillsborough County
Filing a Complaint or Reporting a Violation**

This form can be used by a patient, employee, or business associate of Hillsborough County to report a suspected violation of the Privacy Rule. This may include an improper use or disclosure of protected health information (PHI), whether accidental or intentional. Any retaliatory action against an individual or organization who may have previously filed a complaint or reported any violation of Hillsborough County's Privacy and Security Policies and Procedures is prohibited.

Print your full name: _____

Phone number or other contact information: _____

Please describe the incident, providing as much detail as possible. You may attach a separate page, if necessary.

Signature: _____ Date signed: _____

.....

For Internal Use Only

Date received: _____

Recipient: _____

Date received by Compliance Officer: _____

.....

For Compliance Officer Use Only

Has the matter of the complaint been investigated?

- Yes
- No

Describe the disposition of the complaint, including employee sanctions or actions against a business associate. You may attach a separate page, if necessary.

