

# Privacy Complaint Form

This form is for the submission of a privacy complaint in regards to your organization's privacy practices. Upon receipt of this form, we will conduct a timely and impartial investigation of your complaint. At the completion of the investigation, a response letter will be provided. Please provide all details related to the privacy complaint (please attach additional details on a separate sheet):

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**Please print the following information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Representative

Only if individual is incompetent\*: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by Legal Representative, relationship to individual: \_\_\_\_\_

**\*If signed by Legal Representative, must provide representative documentation as required by state law, i.e., Health Care Power of Attorney, Health Care Surrogate, Living Will or Guardianship papers.**

To prevent a delay in fulfilling your request, please verify that all fields on the form are accurately completed. If information is missing, the form will be returned to you for completion.

Please attach a separate sheet if additional space is needed.

**Please send this form to:**

**Harris, Rothenberg International, Inc. dba Humana EAP and Work Life Services,  
100 William St., 10th Floor  
New York, NY 10038**

*This organization follows the more stringent of all federal and state laws and regulations.*