



INDIANA UNIVERSITY

# SCHOOL OF DENTISTRY

## Privacy Complaint Form

Please use this form to submit a complaint concerning the privacy and confidentiality of patient protected health information. You may also file a complaint with the U.S. Department of Health and Human Services' Office of Civil Rights through the OCR Complaint Portal at [https://ocrportal.hhs.gov/ocr/cp/wizard\\_cp.jsf](https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf) or by email at [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

All complaints must be submitted in writing. You will not be penalized or retaliated against in any way for making a complaint to the IU School of Dentistry or the Department of Health and Human Services.

Mail your completed form to:

IU School of Dentistry Privacy Officer  
1121 W. Michigan Street  
Indianapolis, IN 46202

Your name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Patient's date of birth: \_\_\_\_\_

Patient's previous name (if applicable): \_\_\_\_\_

Patient's address (if known): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of the incident that is the reason for this complaint: \_\_\_\_\_

Please give a brief explanation of your complaint, including dates and names/addresses of other people who may be involved. Include copies of relevant material you may have. If you need additional space, please include a separate page.

Complainant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_