

# Southwestern District Health Unit

227 16<sup>th</sup> Street West

Dickinson, ND 58601-4675

Phone (701)483-0171 or 1-800-697-3145 Fax (701) 483-4097

## COMPLAINT FORM

### PURPOSE:

THIS FORM IS USED BY AN INDIVIDUAL TO FILE AN OFFICIAL COMPLAINT ABOUT PRIVACY PRACTICES OR COMPLIANCE.

### 1. TO THE INDIVIDUAL

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will investigate your complaint and give you our written answer. We will not require you to give up any right you may have under federal or state privacy or other law to file your complaint, and filing your complaint will not cause us to treat you badly. To use this right, please complete, sign, and date Sections A and B below, then submit this complaint to us at:

Southwestern District Health Unit  
Attention: Sherry Adams  
227 16<sup>th</sup> Street West  
Dickinson, ND 58601

If you have questions, or if you need more information or help to complete your complaint, please contact us at the location listed above. You may also file a complaint with the United States Department of Health and Human Services. For information about how to do that, please contact us at the location listed above.

### 2. SECTION A: INDIVIDUAL FILING A COMPLAINT:

Your Name: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Fax Number: \_\_\_\_\_

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

Your E-mail Address: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

**3. SECTION B: INDIVIDUAL'S COMPLAINT**

a. Please give a short, plain statement of your complaint:

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b. Please give a short, plain statement of how you would like your complaint to be solved.

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**4. INDIVIDUAL'S SIGNATURE**

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Month Day Year

If this complaint is filed by a representative for the individual who is filing the complaint, complete the following:

Personal Representation's Name: \_\_\_\_\_  
Print Name

Relationship to the Person: \_\_\_\_\_

**YOU HAVE A RIGHT TO HAVE A COPY OF THIS COMPLAINT**