

**\*\*HHS Complaint Format Example\*\***

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**\*\*[Your Name]\*\***

**\*\*[Your Address]\*\***

**\*\*[City, State, Zip Code]\*\***

**\*\*[Email Address]\*\***

**\*\*[Phone Number]\*\***

**\*\*[Date]\*\***

**\*\*U.S. Department of Health & Human Services\*\***

**\*\*Office for Civil Rights\*\***

**\*\*[Address of the OCR Regional Office]\*\***

**\*\*[City, State, Zip Code]\*\***

Subject: Complaint of Discrimination Under HIPAA

Dear Office for Civil Rights,

I am writing to file a formal complaint against [Provider/Entity Name] regarding violations of the Health Insurance Portability and Accountability Act (HIPAA) because [briefly describe the nature of the complaint, e.g., "my medical information was disclosed without my consent."]

**\*\*1. Complainant Information:\*\***

- Full Name: [Your Full Name]

- Contact Information: [Your Contact Information]

- Relationship to Patient (if applicable): [Patient/Guardian]

**\*\*2. Provider/Entity Information:\*\***

- Name of the Provider/Entity: [Name]

- Address: [Address]

- Phone Number: [Phone Number]

**\*\*3. Description of the Violation:\*\***

[Detailed description of the incident, including the date it occurred, what happened, who was involved, and any relevant details.]

**\*\*4. Evidence:\*\***

[List any documents, witness names, or other evidence that support your complaint.]

**\*\*5. Desired Resolution:\*\***

[Clearly state what you would like to see happen as a result of your complaint.]

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

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