

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Office for Civil Rights]
[Department of Health and Human Services]
[Address]
[City, State, Zip Code]

Subject: Complaint Regarding Health Care Provider/Entity

Dear [Recipient Name],

I am writing to file a formal complaint against [Name of the Health Care Provider/Entity] for [briefly describe the nature of the complaint, e.g., violation of HIPAA, discrimination, etc.].

Details of the incident:

- Date(s) of incident: [Insert date(s)]
- Location: [Insert location]
- Individuals involved: [Provide names/titles if known]
- Description of the issue: [Clearly explain what happened, including relevant details and any other pertinent information.]

I believe that the actions of [Name of the Health Care Provider/Entity] have [explain how the actions violated your rights or regulations]. I respectfully request that the Office for Civil Rights investigate this matter and take appropriate action.

Enclosed are any relevant documents that support my complaint [list documents if applicable, e.g., medical records, correspondence].

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

Sincerely,

[Your Name]

[Signature if sending a hard copy]