

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F
Washington, DC 20201
Subject: Complaint against [Entity/Organization Name]
Dear Office for Civil Rights,
I am writing to file a complaint against [Entity/Organization Name] for violations of my rights under [specify relevant laws or regulations, e.g., HIPAA].
Details of the Complaint:
1. **Description of the Incident:**
- Date of incident: [Insert date]
- Description: [Provide a detailed account of the incident]
2. **Involved Parties:**
- My relationship to the entity: [e.g., patient, employee]
- Names and roles of individuals involved: [List names and titles, if known]
3. **Impact:**
- Describe how the incident affected you: [Detail the emotional, physical, or financial impact]
4. **Previous Actions Taken:**
- Have you reported this to anyone else? [Yes/No]
- If yes, please describe: [Include any responses received or actions taken]
Desired Resolution:
- State what you are seeking as a resolution to this complaint.
Thank you for your attention to this matter. I can be reached at [your phone number] or [your email address] for any further information you may require.
Sincerely,
[Your Name]
[Your Signature (if sending a hard copy)]