**COMPLAINT REPORT**

Today’s Date:

All information can be submitted anonymously, any identifying information is not required.

|  |  |
| --- | --- |
| Name (Optional):: | MR#: |
| Address: | Phone Number: |

If you are filing a complaint on someone’s behalf, provide the name and address of the person on whose behalf you are filing.

Name:

Address:

Please describe in detail the nature of your complaint, including the date or dates of the incident(s), and the name or names of any SMLC staff/volunteer member and other witnesses (attach additional sheets if necessary):

Participant or Legal Representatives Signature Date

Send To: Privacy Officer

805 S. Northshore Dr.

Knoxville, TN 37919

Fax: (865) 766-2650

Relationship (if not Patient)

**For Internal Use Only**

Manager’s acknowledgment of receipt Print Name:

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature:

Process of Investigation:

Formal Action Taken/Resolution:

Privacy Office Comments:

Privacy Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Place in HIPAA Log Binder*