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| DCS-1040A (8-14) | ARIZONA DEPARTMENT OF CHILD SAFETY |  |

# HIPAA PRIVACY COMPLAINTS

Complaints may be filed with the Chief Privacy Officer at :

**Arizona Department of Child Safety**

**Privacy Office**

**3003 N. Central Ave.**

**Phoenix AZ 85012**

If a personal representative signs this complaint on behalf of a client of the Department of Child Safety, please provide the client’s name and the personal representative information on page three of this form. If you are a client of the Department of Child Safety, please provide the following information.

|  |  |  |
| --- | --- | --- |
| NAME *(Last, First, M.I.)* | | |
| ADDRESS *(No., Street, City, State, ZIP)* | | |
| CASE NO. (*Optional)* | | |
| E-MAIL ADDRESS | DAYTIME PHONE NO.  (   ) | EVENING PHONE NO.  (   ) |
| What is the best way to reach you? | | |
|  | | |
| What are the best hours to reach you? | | |
|  | | |
| Please provide a detailed description of your complaint. Please be as specific as possible *(what, when, who, how, where).* You may use the other side of this form if you need more room. You may also attach copies of documents that might be helpful during an investigation. | | |
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See page 3 for EOE/ADA disclosure

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| Were there any witnesses? If so, please provide their names, addresses and telephone numbers. |
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| Please describe how you believe that your privacy complaint could be resolved. |
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Signature

|  |  |
| --- | --- |
| SIGNATURE | DATE |
|  |  |
| PRINT NAME | |
|  | |

If a personal representative on behalf of a client of the Department of Child Safety signs this complaint, please complete the following:

|  |
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| PERSONAL REPRESENTATIVE’S NAME *(Last, First, M.I.)* |
|  |
| PERSONAL REPRESENTATIVE’S ADDRESS *(No., Street, City, State, ZIP)* |
|  |
| PERSONAL REPRESENTATIVE’S PHONE NO. |
|  |
| What is the best way to reach you? |
|  |
| What are the best hours to reach you? |
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| Relationship of Personal Representative to client: |
| Parent or guardian of minor child  Guardian or conservator of individual  Durable health care power of attorney  Other *(specify)* |

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| The Department of Child Safety will send you a written notification when this completed form is received. If additional information is needed to investigate your complaint, that information will be requested in the notification. The Department of Child Safety will conduct a timely and impartial investigation of your complaint. Upon completion of the investigation, you will receive a written response to your complaint.  You are entitled to a copy of this complaint. Please retain a copy for your records. |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact   
602-364-1170; TTY/TDD Services: 7-1-1. • Free language assistance for DCS services is available upon request. • Disponible en español en línea o en la oficina local.