

**CINCINNATI HEALTH DEPARTMENT  
PRIVACY COMPLAINT FORM**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

PHONE \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ARE YOU FILING A COMPLAINT FOR YOURSELF OR FOR SOMEONE ELSE?

SELF  ANOTHER INDIVIDUAL

If this is not for you, on whose behalf are you filing a complaint?

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

When do you believe the privacy right or Privacy or Security Rule violation took place?

\_\_\_\_\_

Describe what happened and why you believe yours or someone else's privacy rights were violated or how the Privacy or Security Rule was violated. Please describe with as much detail as possible.

\_\_\_\_\_

\_\_\_\_\_

Use additional pages as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may submit this form to [CHDprivacyofficer@cincinnati-oh.gov](mailto:CHDprivacyofficer@cincinnati-oh.gov) or by mail to:

Cincinnati Health Department  
Privacy Officer  
3101 Burnet Ave.  
Cincinnati, OH 45229

Cincinnati Health Department's Privacy Officer will respond to your complaint as soon as possible.

You have the right to file an anonymous complaint. Cincinnati Health Department will not be able to respond to you personally if you do so.