## COMPLAINTS REGARDING VIOLATIONS OF PRIVACY AND CONFIDENTIALITY (HIPAA) COMPLAINT FORM

Date of Complaint	
Name of Individual:	
SSN:	
Birth date:	
Address:	
Type of Complaint	
For Grand Rapids Community College Use Only: Date Received:	
Name of Staff Member:	Title:
Signature of Staff Member:	Date:
Disposition	Dale.
Diapoaition	