

SENIOR RESOURCES

Form to File a Privacy Complaint

Complainant: _____ Date: _____

Date violation occurred: _____ (Complaint must be filed within 180 days or 6 months.)

Name of person whose privacy rights may have been violated: _____

Name of person/agency who may have violated privacy (if known): _____

Nature of complaint: (use back of form if necessary) _____

For Office Use Only – Route Completed Complaint to Compliancy Advocate

Compliancy Advocate _____ Date received: _____

Complaint was received on the above date, complainant notified of receipt on date: _____

Compliancy Advocate will investigate and respond within 10 working days of notification.

Was complaint justified? _____

What action was taken by Senior Resources? _____
