



Privacy Complaint

If you have questions about this form, call the DSHS Privacy Officer at:
1-360-902-8278.

YOUR FIRST NAME	LAST NAME	HOME PHONE (AND AREA CODE) ()	CELL PHONE (AND AREA CODE) ()
STREET ADDRESS		CITY	STATE ZIP CODE
E-MAIL ADDRESS (IF AVAILABLE)			
Are you filing this complaint for someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, whose privacy rights do you believe were violated: _____			
		FIRST NAME	LAST NAME
Who (or what division or office) do you believe violated your privacy rights?			
PERSON / ADMINISTRATION / OFFICE			PHONE (AND AREA CODE) ()
STREET ADDRESS		CITY	STATE ZIP CODE
When do you believe the violation of privacy rights occurred?			
DATE(S)			
Describe briefly what happened. How and why do you believe your (or someone else's) privacy rights were violated? Please be as specific as possible. Attached additional pages as needed.			
Please sign and date this complaint.			
SIGNATURE			DATE

Filing a complaint with DSHS is voluntary. However, without the information requested above, DSHS may be unable to proceed with your complaint. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, send the complaint to the DSHS Privacy Officer at dshsprivacyofficer@dshs.wa.gov. To mail a complaint, send the complaint to the DSHS Privacy Officer at PO Box 45115, Olympia, Washington 98504-5115.