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|  | DEPARTMENT OF SOCIAL AND HEALTH SERVICES  **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?**  Yes  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](mailto:dshsprivacyofficer@dshs.wa.gov). To mail a complaint, send the complaint to the DSHS Privacy Officer at PO Box 45135, Olympia, Washington 98504-5135. | | | |