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**INDIVIDUAL'S SIGNATURE.**

I certify that the statements made in this suspected breach are true and correct to the best of my information and belief.

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

If this suspected breach of confidentiality is lodged by a personal representative on behalf of the individual, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT.**

**SECTION C: Suspected Breach Investigation and Processing—To be completed by Privacy Official.**

Date complaint received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date transmitted to Privacy Official: \_\_\_\_/\_\_\_\_/\_\_\_\_

Investigation undertaken: \_\_\_\_\_

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Findings and Conclusions: \_\_\_\_\_

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If noncompliance found, corrective action instituted (including sanctioning any workforce member violating Privacy Policies and Procedures, Privacy Rules or other federal or state law, and mitigating any deleterious effect of the noncompliance):

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Report to complainant sent on \_\_\_\_/\_\_\_\_/\_\_\_\_. Attach copy of report to complainant.

Matter concluded and closed on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**SIGNATURE.**

I attest that the above information is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_