

## PRIVACY/SECURITY COMPLAINT FORM

Name of Complainant: \_\_\_\_\_

I.D.# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone and e-mail: \_\_\_\_\_

Name of Legal Representative (if person other than the complainant is submitting complaint):  
\_\_\_\_\_

Relationship of Representative to the subject of the information: \_\_\_\_\_

Address of Representative: \_\_\_\_\_  
\_\_\_\_\_

Phone and e-mail: \_\_\_\_\_

Description of alleged privacy/security violation, including the names(s) and phone numbers(s) of anyone who you believe can provide information supporting this complaint (use additional sheets, if necessary):

### *FOR OFFICE USE ONLY*

Please be advised that you may also complain to the Office of Civil Rights, Department of Health & Human Services, Jacob Javits Federal Building, 26 Federal Place, Suite 3312, New York, New York 10278; Voice Phone (800) 368-1019, FAX (212) 264-3039, TDD (800) 537-7697, with respect to allegations of privacy/security violations. Federal privacy regulations prohibit retaliation against persons who file complaints or who assist in the investigation of any complaint.

Return this form to:

**Able2 Enhancing Potential, Inc.**

**Attention: Cara Starkweather, Director of Quality Management**

**1118 Charles Street**

**PO Box 1554**

**Elmira, NY 14904**