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| ou-logo | **The University of Oklahoma** |

**HIPAA**

**Complaint Report**

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| Reported by: |  | | Date: |  |
| Contact Information: |  | | | |
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| Email Address: |  | Telephone Number: | |  |

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| **Statement of Complaint:** |
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| **Date of Occurrence:** |
| **Date You Became Aware of Occurrence:** |
| **Location of Occurrence:** |

**Individuals filing a complaint may submit this form to any clinic or to the University Privacy Official:**

* **Email:** [**oucompliance@ouhsc.edu**](mailto:oucompliance@ouhsc.edu)
* **Fax: (405) 271-5545**
* **Mail: University Privacy Official, University of Oklahoma Health Sciences Center, P O Box 26901, Oklahoma City, OK 73190**

**Complaints may also be sent to Secretary of Health and Human Services Office of Civil Rights – DHHS, 1301 Young Street, Suite 1169, Dallas TX, 75202, (214) 767-4066; (214) 767-8940 TDD.**

**University employees receiving this Complaint Formwill immediately send it to the University Privacy Official or enter it into the University’s online HIPAA complaint system, in accordance with their Department’s/Office’s procedures.**