HIPAA
Complaint Report

Reported by: _____ Date: _____

Contact Information: _____

_____

Email Address: _____ Telephone Number: _____

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

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

- **Email: 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 Form will immediately send it to the University Privacy Official in accordance with their Department's/Office's procedures.