

**THIS FORM IS ONLY FOR THE USE OF EMPLOYEES OF
THE UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH (UCAR)**

Complaint Form

**Contact Person: Laurie Carr, 303-497-8702, lcarr@ucar.edu, CG4
Fax 303-497-8701**

As required by the Health Information Portability and Accountability Act of 1996 (HIPAA) you have a right to complain about UCAR's privacy policies, procedures or actions. UCAR will not engage in any discriminatory or other retaliatory behavior against you because of this complaint. Please be as thorough and forthright as possible, and return it to UCAR's Contact Person listed above.

Please complete the sections below:

Name:	
Address:	
Phone:	
E-mail Address:	
What is the best way to reach you?	
What are the best hours to reach you?	

Details of your complaint: (Please be as specific as possible with dates, times and the specific policy, procedure or action taken. Use the other side of this form if you need more room. Attach any relevant documents.)

Documents attached include:

Signature: _____ **Date:** _____
Print Name: _____ **Phone:** _____

If not signed by the employee or spouse, please indicate relationship:

<input type="checkbox"/>	parent or guardian of minor child
<input type="checkbox"/>	guardian or conservator of an incompetent individual
<input type="checkbox"/>	beneficiary or personal representative of deceased individual
<input type="checkbox"/>	other (specify)

Name of Individual: _____