

Signature: _____ Date: _____

If complaint is signed by a Personal Representative of the Individual:

Printed name of Personal Representative: _____

Representative's authority to act for the Individual: _____

If the complaint is signed by a Personal Representative of the individual, please note that we must verify that you are this individual's legal representative for purposes of filing this complaint. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc.). As this person's representative, can you be contacted at the address, e-mail or phone number listed above? Yes No

If not, please provide your mailing address, e-mail address and phone number:

Address: _____
(street) (city) (state) (zip)

Phone: _____ Email address: _____

This completed form should be addressed to:

HIPAA Privacy Officer
UT Dallas Callier Center
1966 Inwood Road
Dallas, TX 75235

For Callier Center Use Only	
Person processing complaint	_____
Date complaint logged	_____
Log number	_____
Action taken	_____