



PATIENT PRIVACY COMPLAINT FORM

1. Today's Date	2. Complainant's Full Legal Name	
3. Date Incident Occurred:	4. Complainant's Relationship to Individual impacted by the purported incident:	
5. Complainant's Street Address:		
6. City	7. State	8. ZIP
9. Detailed description of the purported incident:		
10. Name of the individual impacted by the purported incident:		
11. Signature of individual filing the complaint:		Date:
PLEASE ATTACH ADDITIONAL DOCUMENTATION AS REQUIRED		

Please forward this complaint to:
Donna Gifford
CUMC
619 E. Judge Perez Dr.
Chalmette, LA 70043