



PRIVACY COMPLAINT FORM (HEALTH OR PERSONAL INFORMATION)

Name of Person Making Complaint:	Primary Phone Number:
Address: Street, City, State, Zip	Alternate Phone Number:
Email Address:	Relationship to Complainant (if filing on behalf of another):
Name of Person Whose Privacy Rights May Have Been Violated (if filing on behalf of another):	Date(s) You Believe Privacy Violation(s) Occurred:
Type of Private Data involved: <input type="checkbox"/> Health Information <input type="checkbox"/> Personal Identifying Information <input type="checkbox"/> Academic Information <input type="checkbox"/> Human Resources Information <input type="checkbox"/> Other (do not include sensitive data, e.g. Social Security Numbers):	
Who (or what department, office or other Stanford affiliate) do you believe violated your (or someone else's) information privacy rights or otherwise committed another privacy violation?	
Address (if known): Street, City, State, Zip	Phone Number (if known):
Describe briefly how and why you believe your (or someone else's) information privacy rights were violated. Please be as specific as possible (attach additional pages as needed).	
Please sign and date this complaint. You do not need to sign if submitting this form by email because submission by email represents your signature.	
Signature: _____	Date: _____

Please mail, fax or email a copy of this form to the Stanford University Privacy Office:

Mail: 125 Encina Commons, 615 Crothers Way, Stanford, CA 94305

Fax: 650-725-0073

Email: privacy@stanford.edu

Thank you for filing this complaint. A member of the Privacy Office will contact you to discuss your concerns.

University Privacy Office

Privacy Complaint Form

Effective Date: December 2014

Version: 1.0