First Person

Second Person

Company

Address 1

Address 2

City State, Zip

Date

Dear Name and Name:

I recently received information that you may have felt your privacy rights were violated while requesting benefits from a department program. Additionally, based on the contents of your concern, I asked the Department’s Division of NAME to contact you to explain how eligibility for benefits is determined. Additionally, I understand you had the opportunity to visit with NAME, from the Division of NAME, about how your income and household composition were reviewed, in accordance with written and established eligibility requirements. In the event this did not resolve your concern, and you would like to process with your complaint, you may call me at NUMBER.

Sincerely,

Firstname Lastname

Title Title Title