First Person

Second Person

Company

Address 1

Address 2

City State, Zip

Date

Dear Name and Name:

I recently received information that you felt your privacy rights were violated while communicating with the Department of NAME about benefits or services. Additionally, I understand that NAME from the Division of NAME may have contacted you about your concerns, which may have resolved them. In the event you need my assistance, I have enclosed a copy of the Department’s privacy complaint form for your information and use. If you choose to file a complaint with the Department, please complete the form and give me detailed information about the incident. Return the form to: NAME, ADDRESS, EMAIL.

Sincerely,

Firstname Lastname

Title Title Title