



Treatment Foster Care  
and Family-Based Services

2324 University Avenue West #120  
St. Paul, MN 55114-1843  
651-646-3221  
Fax 651-641-0452

## PRIVACY COMPLAINT FORM

### Procedure:

To file a privacy complaint with PATH, Inc. or one of its offices, please complete and submit this form electronically or mail a copy of this form to the Privacy Office listed below.

### Mailing Address:

PATH, Inc. Privacy Office, 2324 University Avenue West, Suite 120, St. Paul, MN 55114-1843

### Information Required:

We take privacy and the resolution of your complaints seriously. As part of our privacy practices, there will be no retaliation for filing a complaint. In order to fully investigate this matter, please complete the following areas by providing specific details as they pertain to your complaint:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location:

Office Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Name of Employee (if known): \_\_\_\_\_

### Description of Complaint:

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### Information:

I **request** additional communications from PATH, Inc. regarding the resolution of this issue.

I **do not request** additional communications from PATH, Inc. regarding the resolution of this issue.

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

### Your Signature:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_