

## CONFIDENTIAL REPORT OF CONCERN

The purpose of this form is to report the facts pertaining to any known or suspected violation of the County's privacy standards or the laws and regulations governing the County. Although we ask you to provide your name, it is not necessary for you to do so if you wish to make an anonymous report. An anonymous report can be made by completing this form and mailing it to the Privacy Officer at the County. If you do not want to give your name, you may call the Privacy Officer within one week of submitting this report to inquire about the outcome of the investigation.

If you wish to identify yourself in this report, the County will make every effort to keep your identity confidential, unless you give the County permission to reveal it. Only the Privacy Officer, and others designated by the Privacy Officer, will have access to your report. No disciplinary action or retaliation will be taken against you for making a good faith report of a compliance violation.

Please include all the factual details of the suspected violation, however big or small, to ensure that the Privacy Officer has all of the information necessary to conduct a thorough investigation. Please attach additional pages as needed. The information that you provide should include names, dates, times, places and a detailed description of the incident that led you to believe that a violation of the County's privacy standards occurred. Please include a copy or a description of any documents that support your concerns.

Date of this report: \_\_\_\_\_

Name of person making this report (optional): \_\_\_\_\_

Description of the violation(s): \_\_\_\_\_

\_\_\_\_\_

Detailed description of the incident(s) resulting in the violation (include names, dates, times and places):

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Name(s) of person(s) involved in the incident and an explanation of their role:

\_\_\_\_\_

Name(s) of other person(s) having knowledge of the incident: \_\_\_\_\_

