



Department of Human Resources, Division of Employee Benefits
COUNTY OF SUMMIT
1180 S. MAIN STREET, ROOM #378
AKRON, OHIO 44301
330.643.8763 ♦ FAX: 330.643.8625

PRIVACY VIOLATIONS FORM

ID NUMBER

THIS IS A CONFIDENTIAL INTERNAL DOCUMENT

Name: _____ Date: _____
(unless you wish to remain anonymous)

Are you an enrollee , member of the workforce , or other .
If other, please describe:

Description of possible violation: _____

When did this occur? _____

Person(s) involved: _____

How did you come to learn of the incident? _____

Do you have any evidence to prove the above allegations? If so, please describe?

Would you be willing to discuss the above allegations with the Privacy Officer? YES NO
If yes, what is the best way to contact you: _____

Have you discussed the above allegations with anyone else? If so, who?

Do you have any further information to provide or any suggestions for verifying the allegations described above? _____

Are you aware of any other individuals who may be able to provide further information regarding the above allegations? If so, who?

Please forward this form to the Privacy Officer or place in the Anonymous Reporting Box for suspected privacy violations.