

PLUMAS COUNTY, CALIFORNIA

COMPLAINT FORM

Date: _____

Dear _____:

We received the complaint you filed against _____

on ____/____/____. The following action has been taken:

- A team has been formed to investigate the complaint.
- The complaint was referred to _____ on ____/____/____.
- No action will be taken because the complaint you described does not violate HIPAA requirements.

If you have any questions about the above action, please contact

Signature: _____ Date: _____