



PRIVACY PRACTICES COMPLAINT FORM

You may file a complaint, in writing, with the Department of Juvenile Justice regarding privacy practices without fear of retaliation.

To be completed by person filing complaint:

Name: _____

Youth Staff Other

Address (or facility): _____

Phone Number: _____

Please tell us about your complaint:

Please forward this complaint to:

Department of Juvenile Justice
ATTN: Medical Director
3408 Covington Hwy.
Decatur, GA 30032

You also have the right to complain to the Secretary of U.S. Health and Human Services:

Secretary
United States Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201