

**Saint Luke's Health System  
Privacy Complaint Tracking Form**

This form should be completed by the individual investigating the complaint.

**Date of Complaint:**

**Patient Name:**

**Entity:**

**Complaint was received:**  In writing (complaint form attached)  
 Orally (summary information attached)

**Nature of Complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complaint involved:**  
 Employee or other member of the workforce  
 Member of the Medical Staff  
 Business Associate  
 Other \_\_\_\_\_

**Results of Investigation of complaint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Describe what sanctions were taken against the employee, other member of the workforce, or member of the medical staff:**

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**If complaint was against business associate describe actions taken:**

**Business Associate was contacted and agreed to the following:**

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**Business Associate was contacted, but refused to make changes to cure the breach.**

- Contract with business associate was terminated.**
- Determination was made that there were not options other than using this business associate and the Secretary of the DHHS was contacted (attach letter).**

**List steps that were taken to mitigate past or future harm to patient including any policy changes or education:**

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**Completed by**

**Date**