

Aggrieved Party

Name _____
LAST FIRST M.I.

Address _____
NUMBER STREET

_____ CITY STATE ZIP

Main Phone # (_____) _____ Alternate Phone # (_____) _____

Person (Institution) Allegedly Committing Violation

Name of Person _____
LAST FIRST M.I.

Institution Name _____
NUMBER STREET

Address _____
CITY STATE ZIP

Phone # (_____) _____

Person Completing this Form (if different from Aggrieved Party above)

Name _____
LAST FIRST M.I.

Address _____
NUMBER STREET

_____ CITY STATE ZIP

Main Phone # (_____) _____ Alternate Phone # (_____) _____

Brief description of the violation (use extra paper, if necessary)

Please check box if extra paper is attached: Number of pages _____

* Article 27-F of the New York State Public Health Law requires that any AIDS- or HIV-related health information, including whether an individual has had an HIV-related test and/or the result of an HIV-related test, be kept confidential.

Signature of Person Making Complaint _____ Date _____

Please mail completed form to: **NYS Department of Health, AIDS Institute, Special Investigation Unit, ESP, Corning Tower – Room 308, Albany, NY 12237**