



Please complete this form and mail to:

Rachel Goldstein, ADA Compliance Officer
Agency for Health Care Administration
Office of the General Counsel
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

OR

Fax completed form to:

Fax: (850) 922-6484

Please Print Clearly

Complainant Contact Information

Name _____

Address _____

Telephone _____

Medicaid ID # (if applicable) _____

Email _____

Preferred method of contact _____

Please do **NOT** contact me by _____

Notify me about the outcome of this investigation

Or

Do **NOT** notify me about the outcome of this investigation

Authorized Representative Making Complaint (if different than complainant)

Name _____

Address _____

Telephone _____

Email _____

Complaint No. _____



Preferred method of contact _____

Please do **NOT** contact me by _____

____ Notify me about the outcome of this investigation*

Or

____ Do **NOT** notify me about the outcome of this investigation

Relationship to complainant _____

***Please note:** if you are an Authorized Representative making an ADA complaint on behalf of a complainant and wish to be notified as to the outcome of the complaint investigation, you must obtain a signed HIPAA authorization release form from the complainant. This document can be found at: <http://ahca.myflorida.com/hipaa/pdf/HIPAAAuthorization.pdf>

Complaint

Have you filed or do you intend to file an ADA complaint related to this matter in another forum?

____ Yes ____ No

If yes, please indicate what agency or court? _____

Date of alleged discrimination _____

Provide the name and address of the specific entity(ies), person(s), program(s) and/or facility(ies) the complainant believes is/are responsible for the discrimination and a brief description of the alleged acts of discrimination.

Signature _____

Complaint No. _____
(For official use only)



Date _____

PRIVACY POLICY

Submitted information is maintained and destroyed according to the Florida Agency for Health Care Administration Notice of Privacy Practices. Copies of this notice can be viewed at: <http://ahca.myflorida.com/hipaa/privacynotice.shtml>