

**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, 90 Church Street, New York, NY 10007**