

Owens-Franklin Health Center...Prairie View A&M University  
A Member of the Texas A&M University System

COMPLAINT FORM

**To Patients of Owens-Franklin Health Center**

You have the right to file a complaint with us about our privacy practices or our compliance with our Notice of Privacy Practices, our Privacy Policies and Procedures, or federal or state privacy rules or law. We will not require you to waive any right you may have under federal or state privacy or other law to neither file your complaint, nor will filing your complaint adversely affect our treatment of you. To exercise this right, please complete, sign and date Sections A and B below, then submit this complaint to us at:

Patient Advocate: Darryal Williams Telephone: 936/261-1419  
Address: P.O. Box 519 MS 1413 E-Mail: dawilliams@pvamu.edu  
Prairie View, TX 77446

You may, in addition or in the alternative to filing a complaint with us, file a complaint with the U.S. Department of Health and Human Services. For information on the procedures of doing that, please contact us at the above location.

**Section A: Patient Lodging Complaint**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ ID # \_\_\_\_\_

Patient #: \_\_\_\_/\_\_\_\_/\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section B: Patient's Complaint**

**Please give a brief, plain statement of your complaint:**

\_\_\_\_\_

**Please give a brief, plain statement of the response you seek for your complaint:**

\_\_\_\_\_

**Patient's Signature**

I certify that the statements made in this complaint are true and correct to the best of my information and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this Complaint is signed by a parent or legal guardian on behalf of the patient, please complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

YOU ARE ENTITLED TO A COPY OF THIS COMPLAINT