



**VIRGINIA DEPARTMENT OF SOCIAL SERVICES**  
**INFORMATION PRIVACY COMPLAINT**



VIRGINIA DEPARTMENT OF  
 SOCIAL SERVICES

YOUR FIRST NAME		YOUR LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS			CITY
STATE	ZIP	EMAIL ADDRESS (If available)	

**Are you filing this complaint for someone else?**       Yes       No

If Yes, whose information *privacy* rights do you believe were violated?

FIRST NAME	LAST NAME
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**Who (or what agency or organization) do you believe violated your (or someone else's) information *privacy* rights or committed another violation of the *Privacy Rule*?**

PERSON / AGENCY / ORGANIZATION

STREET ADDRESS		CITY
STATE	ZIP	PHONE (Please include area code)

**When do you believe that the violation of information *privacy* rights occurred?**

LIST DATE(S)

**Describe briefly what happened. How and why do you believe your (or someone else's) information *privacy* rights were violated, or the *Privacy Rule* otherwise was violated? Please be as specific as possible. (Attach additional pages as needed)**

**Please type your signature and date this complaint. Hand-written signatures are not required if submitting this form by email.**

SIGNATURE	DATE (mm/dd/yyyy)
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Filing a complaint with the Virginia Department of Social Services (VDSS) is voluntary. However, without the information requested above, VDSS may be unable to proceed with your complaint. We collect this information under authority of the *Privacy Rule* issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information submitted on this form is treated *confidentially* and is protected under the provisions of the Privacy Act of 1974. Names or other identifying information about individuals are *disclosed* when it is necessary for investigation of possible information *privacy* violations, for internal systems operations, or for routine uses, which include *disclosure* of information outside of VDSS for purposes associated with information *privacy* compliance and as permitted by law. It is illegal for a covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or for taking any other action to enforce your rights under the *Privacy Rule*. You are not required to use this form. You also may write a letter or submit a complaint electronically with the same information. To submit an electronic complaint, email [Privacy@dss.virginia.gov](mailto:Privacy@dss.virginia.gov). To submit a complaint using alternative methods, see reverse page (page 2 of the complaint form).

The remaining information on this form is optional. Failure to answer these voluntary questions will not affect VDSS' decision to process your complaint.

Do you need special accommodations for VDSS to communicate with you about this complaint? (Check all that apply)

- Braille       Large Print       Cassette tape       Computer diskette       Electronic mail       TDD
- Sign language interpreter (specify language): \_\_\_\_\_
- Foreign language interpreter (specify language): \_\_\_\_\_       Other: \_\_\_\_\_

If we cannot reach you directly, is there someone we can contact to help us reach you?

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK PHONE (Please include area code)	
STREET ADDRESS			CITY
STATE	ZIP	EMAIL ADDRESS (If available)	

Have you filed your complaint anywhere else? If so, please provide the following. (Attach additional pages as needed)

PERSON / AGENCY / ORGANIZATION / COURT NAME(S)

DATE(S) FILED	CASE NUMBER(S) (If known)
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To help us better serve the public, please provide the following information for the person you believe had their information *privacy* rights violated (you or the person on whose behalf you are filing).

ETHNICITY (select one)      RACE (select one or more)

Hispanic or Latino       American Indian or Alaska Native       Asian       Native Hawaiian or Other Pacific Islander

Not Hispanic or Latino       Black or African American       White       Other (specify): \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN (if other than English) \_\_\_\_\_

How did you learn about VDSS?

- Internet Search       Family/Friend/Associate       Religious/Community Org       Lawyer/Legal Org       Phone Directory
- Fed/State/Local Government       Employer       Conference/Brochure       Other (specify): \_\_\_\_\_

To submit a complaint, please type or print, sign, and return completed complaint form package (including consent form) to the VDSS address below.

## VIRGINIA DEPARTMENT OF SOCIAL SERVICES

### VDSS Privacy Officer

801 East Main Street 7th Floor

Room 706

Richmond, Virginia 23219

(804) 726-7153

Email: [privacy@dss.virginia.gov](mailto:privacy@dss.virginia.gov)

#### Burden Statement

Public reporting burden for the collection of information on this complaint form is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering the data needed, and entering and reviewing the information on the completed complaint form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Virginia Department of Social Services, VDSS Privacy Officer, 801 East Main Street, 7th Floor, Room 706, Richmond, Virginia 23219.



## COMPLAINANT CONSENT FORM

The Virginia Department of Social Services (VDSS) has the authority to collect and receive material and information about you, including personnel records, which are relevant to its investigation of your complaint.

To investigate your complaint, VDSS may need to reveal your identity or identifying information about you to persons at the entity or agency under investigation or to other persons, agencies, or entities.

The Privacy Act of 1974 protects certain federal records that contain *personally identifiable information (PII)* about you and, with your consent, allows VDSS to use your name or other personal information, if necessary, to investigate your complaint.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

Additionally, VDSS may *disclose* information, including personal information, which it has gathered during the course of its investigation in order to comply with a request under the Freedom of Information Act (FOIA) and may refer your complaint to another appropriate agency.

Under FOIA, VDSS may be required to release information regarding the investigation of your complaint; however, we will make every effort, as permitted by law, to protect information that identifies individuals or that, if released, could constitute a clearly unwarranted invasion of personal *privacy*.

Please read and review the documents entitled,

and \_\_\_\_\_ for further information regarding how VDSS may obtain, use, and *disclose* your information while investigating your complaint.

**In order to expedite the investigation of your complaint if it is accepted by VDSS, please read, sign, and return one copy of this consent form to VDSS with your complaint. Please make one copy for your records.**

- As a complainant, I understand that in the course of the investigation of my complaint it may become necessary for VDSS to reveal my identity or identifying information about me to persons at the entity or agency under investigation or to other persons, agencies, or entities.



- I am also aware of the obligations of VDSS to honor requests under the Freedom of Information Act (FOIA). I understand that it may be necessary for VDSS to *disclose* information, including *personally identifying information (PII)*, which it has gathered as part of its investigation of my complaint.
- In addition, I understand that as a complainant I am covered by the Virginia Department of Social Services (VDSS) regulations which protect any individual from being intimidated, threatened, coerced, retaliated against, or discriminated against because he/she has made a complaint, testified, assisted, or participated in any manner in any mediation, investigation, hearing, proceeding, or other part of VDSS' investigation, conciliation, or enforcement process.

**After reading the above information, please check ONLY ONE of the following boxes:**

**CONSENT** : I have read, understand, and agree to the above and give permission to VDSS to reveal my identity or identifying information about me in my case file to persons at the entity or agency under investigation or to other relevant persons, agencies, or entities during any part of VDSS' investigation, conciliation, or enforcement process.

**CONSENT DENIED** : I have read and I understand the above and do not give permission to VDSS to reveal my identity or identifying information about me. I understand that this denial of consent is likely to impede the investigation of my complaint and may result in closure of the investigation.

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

\*Please sign and date this complaint.

Name (Please print): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_



## NOTICE TO COMPLAINANTS AND OTHER INDIVIDUALS ASKED TO SUPPLY INFORMATION TO THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES

### **Privacy Act**

The Privacy Act of 1974 (5 U.S.C. §552a) requires VDSS to notify individuals whom it asks to supply information that:

VDSS is authorized to solicit information under:

(i) Federal laws barring discrimination by recipients of Federal financial assistance on grounds of race, color, national origin, disability, age, sex, religion under programs and activities receiving Federal financial assistance from the Virginia Department of Social Services (VDSS), including, but not limited to, Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794), the Age Discrimination Act of 1975 (42 U.S.C. §6101 et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. §1681 et seq.), and Sections 794 and 855 of the Public Health Service Act (42 U.S.C. §§295m and 296g);

(ii) Titles VI and XVI of the Public Health Service Act (42 U.S.C. §§291 et seq. and 300s et seq.) and 42 C.F.R. Part 124, Subpart G (Community Service obligations of Hill- Burton facilities);

(iii) 45 C.F.R. Part 85, as it implements Section 504 of the Rehabilitation Act in programs conducted by VDSS; and

(iv) Title II of the Americans with Disabilities Act (42 U.S.C. §12131 et seq.) and Department of Justice regulations at 28 C.F.R. Part 35, which give VDSS "designated agency" authority to investigate and resolve disability discrimination complaints against certain public entities, defined as health and service agencies of state and local governments, regardless of whether they receive federal financial assistance.

(v) The Standards for the Privacy of Individually Identifiable Health Information (The Privacy Rule) at 45 C.F.R. Part 160 and Subparts A and E of Part 164, which enforce the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 U.S.C. §1320d-2).

VDSS will request information for the purpose of determining and securing compliance with the Federal laws listed above. *Disclosure* of this requested information to VDSS by individuals who are not recipients of federal financial assistance is voluntary; however, even individuals who voluntarily *disclose* information are subject to prosecution and penalties under 18 U.S.C. § 1001 for making false statements.

Additionally, although disclosure is voluntary for individuals who are not recipients of federal financial assistance, failure to provide VDSS with requested information may preclude VDSS from making a compliance determination or enforcing the laws above.



VDSS has the authority to *disclose* personal information collected during an investigation without the individual's consent for the following routine uses:

- (i) to make *disclosures* to VDSS contractors who are required to maintain *Privacy Act* safeguards with respect to such records;
- (ii) for *disclosure* to a congressional office from the record of an individual in response to an inquiry made at the request of the individual;
- (iii) to make *disclosures* to the Department of Justice to permit effective defense of litigation; and
- (iv) to make disclosures to the appropriate agency in the event that records maintained by VDSS to carry out its functions indicate a violation or potential violation of law.

Under 5 U.S.C. §552a(k)(2) and the HHS Privacy Act regulations at 45 C.F.R. §5b.11 VDSS complaint records have been exempted as investigatory material compiled for law enforcement purposes from certain *Privacy Act* access, amendment, correction and notification requirements.

### **Freedom of Information Act**

A complainant, the recipient or any member of the public may request release of VDSS records under the Freedom of Information Act (5 U.S.C. §552) (FOIA) and HHS regulations at 45 C.F.R. Part 5.

### **Fraud and False Statements**

Federal law, at 18 U.S.C. §1001, authorizes prosecution and penalties of fine or imprisonment for conviction of "whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry."



## PROTECTING PERSONAL INFORMATION IN COMPLAINT INVESTIGATIONS

To investigate your complaint, the Virginia Department of Social Services (VDSS) will collect information from different sources. Depending on the type of complaint, we may need to get copies of information that is personal to you. This Fact Sheet explains how VDSS protects your personal information that is part of your case file.

### HOW DOES VDSS PROTECT MY PERSONAL INFORMATION?

VDSS is required by law to protect your personal information. The *Privacy Act of 1974* protects Federal records about an individual containing *personally identifiable information (PII)*, including, but not limited to, the individual's education, financial transactions, and criminal or employment history that contains an individual's name or other identifying information.

Because of the *Privacy Act*, VDSS will use your name or other personal information with a signed consent and only when it is necessary to complete the investigation of your complaint or to enforce civil rights laws or when it is otherwise permitted by law.

Consent is voluntary, and it is not always needed in order to investigate your complaint; however, failure to give consent is likely to impede the investigation of your complaint and may result in the closure of your case.

### CAN I SEE MY VDSS FILE?

Under the Freedom of Information Act (FOIA), you can request a copy of your case file once your case has been closed; however, VDSS can withhold information from you in order to protect the identities of witnesses and other sources of information.

### CAN VDSS GIVE MY FILE TO ANY ONE ELSE?

If a complaint indicates a violation or a potential violation of law, VDSS can refer the complaint to another appropriate agency without your permission.

If you file a complaint with VDSS, and we decide we cannot help you, we may refer your complaint to another agency.

### CAN ANYONE ELSE SEE THE INFORMATION IN MY FILE?

Access to VDSS' files and records is controlled by the Freedom of Information Act (FOIA). Under FOIA, VDSS may be required to release information about this case upon public request. In the event that VDSS receives such a request, we will make every effort,



as permitted by law, to protect information that identifies individuals, or that, if released, could constitute a clearly unwarranted invasion of personal *privacy*.

**DOES IT COST ANYTHING FOR ME (OR SOMEONE ELSE) TO OBTAIN A COPY OF MY FILE?**

In most cases, the first two hours spent searching for document(s) you request under the Freedom of Information Act and the first 100 pages are free. Additional search time or copying time may result in a cost for which you will be responsible. If you wish to limit the search time and number of pages to a maximum of two hours and 100 pages; please specify this in your request. You may also set a specific cost limit, for example, cost not to exceed \$100.00.

If you have any questions about this complaint and consent package,  
Please contact the *VDSS Privacy Officer* at [Privacy@dss.virginia.gov](mailto:Privacy@dss.virginia.gov).  
(see contact information on page 2 of the Complaint Form)