



PRIVACY COMPLAINT FORM

Use this form to file a complaint if you believe that SCDES has violated the privacy of confidential information. You may also call the SCDES Privacy Officer at (803) 898-3944 to file a complaint. Mail the completed form to: SCDES Privacy Officer, 2600 Bull Street, Columbia, SC 29201.

Complainant Information Section:

- I am the victim
- I am filing on behalf of the victim and I wish to include my contact information
- I am filing on behalf of the victim and I wish to file anonymously
- I am SCDES staff filing on behalf of the victim

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail Address: _____

Name of person whose privacy was violated (if different from person filing complaint):

First Name: _____ Middle Initial: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail Address: _____

Incident Information Section:

Location of Incident:

County: _____
 Office: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 SCDES Program/Service Area:

- Air Quality
- Land and Waste
- Water
- Coastal Management
- Laboratory Services
- Office of Technology
- Office of Human Resources
- Office of General Counsel
- Freedom of Information Office
- Finance and Operations Office
- Other

Details of Incident:

Date(s) of Incident: _____

Name(s) of employee(s) involved in incident (if known/applicable): _____

Please Provide a Brief Description of the Incident:

By signing below, I attest that all information provided is accurate.

Form Completed by:

Date Form Completed:

(signature)

Instructions for Completing the Privacy Complaint Form D-2026

Purpose: To provide a standard form for filing a complaint of reported violation of privacy of confidential information.

Item by Item Instructions:

All sections are completed by the complainant or someone filing a complaint on behalf of someone else.

Complainant Information Section:

- Check the box that applies to the individual filing the complaint.
- Print the name (first name, middle initial and last name) of the individual filing the complaint.
- Enter the following information based on how the individual wishes to be contacted: Street Address, City/State/Zip Code, Telephone number/Extension and/or E-mail address.
- If the individual is filing the complaint on behalf of someone else, enter the name of the individual whose privacy was potentially breached.

Incident Information Section:

- Enter the County, Office Name, Address, City/State/Zip Code, and Program/Service Area that the incident took place.
- Enter the date(s) that the incident took place.
- Enter the name(s) of the employee(s) involved in the incident (if known/applicable).
- Provide in detail how you believe SCDES violated your (or someone else's) privacy or security of confidential information.
- Sign and date the form attesting that all information provided is accurate.

Office Mechanics and Filing: This form is sent to SCDES's Privacy Officer and is retained in Compliance Office Files for 6 years under retention schedule 17208.