



## PRIVACY AND SECURITY COMPLAINT FORM

Use this form to file a privacy or security complaint with Blue Cross and Blue Shield of Illinois by filing this complaint, you do not waive any rights available to you under federal or state law. You may also file a complaint with the Office for Civil Rights at the US Department of Health and Human Services. If you need assistance completing this form, you may call the Customer Service number listed on the back of your Member Identification Card. You must complete all the fields on this form.

WHEN COMPLETED AND SIGNED PLEASE MAIL TO:

**Privacy Office**  
**Blue Cross and Blue Shield of Illinois**  
**300 E. Randolph Street**  
**Chicago, IL 60601-5099**

**Section A** Please complete the information below:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Group Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Identification\Subscriber Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Area Code & Telephone Number \_\_\_\_\_ E-mail Address (if available) \_\_\_\_\_

**Section B** Please give a concise statement of your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C** Signature: This document must be signed by the individual, parent of minor child or the individual's Personal Representative.

I understand that I can only sign on behalf of a minor child under the age of 18 unless there is proof of legal guardianship.

Signature \_\_\_\_\_ Date: month/day/year \_\_\_\_\_

**Section D** If Section C is signed by a Personal Representative, please complete the information below:

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator, please attach a copy of the legal documents. You do **NOT** have to attach copies of these documents if they are already on file with Blue Cross and Blue Shield of Illinois.

Personal Representative's Name \_\_\_\_\_ Relationship to Individual \_\_\_\_\_

Personal Representative's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Personal Representative's Area Code & Telephone Number \_\_\_\_\_

Personal Representative's E-mail Address (if available) \_\_\_\_\_

**Any changes to the format, content or branding of this form are strictly prohibited without review and approval of the Privacy Office.**