



EQUITY-LEAGUE BENEFIT FUNDS
PENSION, HEALTH & 401(K)

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**Equity-League Health Trust Fund (the "Plan")
Complaint Form**

Name of Complainant: _____

Union Membership Identification Number: _____

Current Date: _____

Date of Violation: _____

Name of employee perceived to have violated the privacy policies and procedures:

My complaint is:

I am completing this complaint form in regard to the Plan's practices, policies, procedures or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that although the Plan reviews and makes determinations regarding every complaint received, the Plan does not respond to every complaint in writing.

Signature of Complainant: _____