INQUIRY/COMPLAINT INTAKE FORM

Date:____________________________________

Name and Contact Information (i.e. email address, telephone, physical address) for the person making the inquiry/compliant:

______________________________________________________________________________
______________________________________________________________________________

Please indicate preferred method of contact.

Relationship of the Person to the Department:

___Employee or contractor
___Family member of an employee or contractor
___Employee of supplier or business partner
___Individual (citizen, consumer, or taxpayer)
___Legal Representative of an individual—please provide the individual’s name and address and describe your relationship:_____________________

__________________________________________________________________
___Other—please describe: ___________________________________________

Name and contact information of the person submitting the form (if different):

________________________________________________________________

Nature of the Inquiry/Complaint

___Objection to Personal Information Collection Requirement
___Issue related to a Department of Revenue Privacy Notice
___Consent Issue or Unauthorized Processing of Personal Information
___Unauthorized Disclosure of Personal Information
___Issue related to Access or Correction of Personal Information
___Concern regarding information security
___Other

Please describe the issue:

________________________________________________________________
________________________________________________________________
________________________________________________________________

Please attach copies of any supporting documentation.

What recourse is the person seeking?

________________________________________________________________
________________________________________________________________
________________________________________________________________