

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?
