



GUARDIAN®

Privacy Complaint Form

Contact Information: (Individual filing the complaint)

Name: _____ Date of Birth: _____
(First, Middle, Last) (Month/Day/Year)

Address: _____

City	State	Zip Code
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Telephone Number: _____
(including area code)

Primary Subscriber Name: _____ Member ID: _____

In order for us to fully review your concerns, please provide us with a detailed description of the circumstances surrounding your concern. If you require more space than is provided below to explain your concern, please attach any additional pages required. If you have specific documentation you wish to submit, please also attach it to your response.

[illegible]

If additional or clarifying information is determined to be necessary after our review of the information you are providing us, we will write to you requesting such information.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Note that no privacy complaint will be processed unless you or your authorized representative have signed this form.

If you are an authorized representative (other than a parent of a minor child), you will need to provide documentation or an explanation of your authority to act for the member (e.g., Power of Attorney).

Please send this form to:

Guardian Direct Dental
P.O. Box 981587
El Paso, TX, 79998-1587