



**Better Business Bureau of Wisconsin, Inc.  
Complaint Authorization and (HIPAA) Privacy Release Form**

Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax: \_\_\_\_\_

BBB Case #: \_\_\_\_\_

I hereby request and authorize Wisconsin Better Business Bureau and any BBB staff member, to make an inquiry on my behalf addressing this matter. I further authorize the disclosure of any information governed by HIPAA that may to address the complaint issues. I further understand that I will hold harmless any agencies divulging information pursuant to this release of information, as well as the Better Business Bureau of Wisconsin, Inc. and any of its affiliates and employees in these matters.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE SIGN AND RETURN TO:  
BBB of Wisconsin, Inc.  
Attn: Complaint Department  
10101 W. Greenfield Ave., Ste 125  
Milwaukee, WI, 53214

I hereby authorize the Better Business Bureau of Wisconsin, Inc. to ,make an inquiry on my behalf within an effort to address the issue(s) with

Name of Company/Agency: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_