



**REQUEST FOR REVIEW OR
INVESTIGATION OF COMPLAINT**

*Access to Information and
Protection of Privacy Act*

TO: Office of the Information and Privacy Commissioner
2nd Floor, 34 Pippy Place
P.O. Box 13004, Station A
St. John's, NL A1B 3V8
Phone: (709) 729-6309 Fax: (709) 729-6500
Toll Free: 1-877-729-6309

For Office Use Only (Not to be Completed by Applicant):	
Date Stamp:	Received By: Initials: _____ Print Name _____

Your Information (please print)	
<input type="checkbox"/> Applicant <input type="checkbox"/> Third Party	
Surname:	First Name:
Organization (where applicable):	
Address: _____ _____	
Postal Code	_____
Daytime Telephone #:	Facsimile #:
E-Mail:	

Public Body Information
Name of the public body that your request for review or complaint concerns:
Date of your Application for Access to the public body:
Name of the individual you have been dealing with at the public body:

Details of Your Request for Review

Are you making this request for review: on behalf of yourself? on behalf of another individual?

If you checked “on behalf of another individual,” please attach supporting documentation authorizing you to act on his/her behalf.

Please select all that apply:

- As the applicant, I am requesting that the Commissioner review a decision, act or failure to act by the head of the above noted public body.
- As the third party, I am requesting that the Commissioner review a decision, act or failure to act by the head of the above noted public body.
- I am requesting that the Commissioner bring to the attention of the head of the above noted public body a failure to fulfill the duty to assist applicants.
- Other (please explain below)

Details of Your Complaint

Are you making this complaint: on behalf of yourself? on behalf of another individual?

If you checked “on behalf of another individual,” please attach supporting documentation authorizing you to act on his/her behalf.

Please select all that apply:

- I am requesting that the Commissioner investigate the extension of time for responding to the request.
- I am requesting that the Commissioner investigate the fees associated with the request.

Provide the Specifics of your Request/Complaint Here

What Resolution/Remedy are you Seeking?

*****If available, please attach a copy of your request to the public body, the public body’s response and any other correspondence between you and the public body regarding this matter.*****

Note: Under the Access to Information and Protection of Privacy Act, the Commissioner’s Office is required to provide a copy of your completed form to the head of the public body concerned, and in the case of a request for review from a third party, to the applicant concerned. If you have concerns with this requirement, please make them known to the Commissioner’s Office immediately.

(Signature)

(Date)