



TO: Office of the Information and Privacy Commissioner  
2<sup>nd</sup> 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)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Organization (where applicable): \_\_\_\_\_

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

\_\_\_\_\_

Postal Code \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Facsimile #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Public Body Information**

Name of the public body that your complaint concerns:

Date of the events leading to your complaint:

Name of the individual(s) you have been dealing with at the public body:

## 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.***

Choose one or more of the following to help describe your complaint (provide specifics below):

- Improper collection of my personal information
- Failure of a public body to ensure my personal information is accurate and complete
- My request for correction of my personal information was refused without justification and I request a review of that refusal
- Failure of a public body to notify another public body or a third party of a correction of personal information or an annotation regarding a refusal to correct personal information
- My personal information that was used to make a decision that affects me was not retained for one year
- My personal information has not been adequately protected
- My personal information has been improperly used
- My personal information has been improperly disclosed

## Provide the Specifics of your Complaint Here\*

## What Resolution/Remedy are you Seeking?\*

*\*Attach additional pages as required*

***Please attach a copy of any correspondence you sent to the public body about your complaint, any correspondence sent to you by the public body about your complaint, and any documentation authorizing you to act on behalf of another person (if applicable) .***

***Note: Under the Access to Information and Protection of Privacy Act, the Commissioner’s office will send a copy of your complaint form to the public body. If you have concerns with this requirement, please make them known to the Commissioner’s Office immediately.***

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)