OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER NEWFOUNDLAND AND LABRADOR

Access Complaint or Application Related to Cost

Access to Information and Protection of Privacy Act, 2015

TO: Office of the Information and Privacy Commissioner Sir Brian Dunfield Building 3rd Floor, 2 Canada Drive 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 Email: commissioner@oipc.nl.ca

Your Information (please print)	
Applicant	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 complaint or application concerns:	
Date of your Application for Access to the public body:	
Name of the individual you have been dealing with at the public body:	

Under the Access to Information and Protection of Privacy Act, 2015, 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.

In order to carry out our investigation, we may have to review and access your personal information to the extent necessary to complete the investigation. If you have any questions or concerns regarding this, please contact our Office.

Please attach a copy of any correspondence you sent to the public body about your complaint and any correspondence sent to you by the public body about your complaint.

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:	
As the applicant, I am requesting the Commissioner to investigate a decision, act or failure to act by the head of the above noted public body.	
As the third party, I am requesting the Commissioner to investigate 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.	
My request for correction of my personal information was refused without justification and I request an investigation of that refusal.	
Failure of a public body to respond to my access request within the required time period.	
Other (please explain below).	
Details of Your Application Related to Costs	
Are you making this application: 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 the Commissioner to revise the cost estimate given to me by the above noted public body. I am requesting the Commissioner to review a decision of the above noted public body not to waive payment of costs.	
Provide the Specifics of your Request/Complaint Here	
What Resolution/Remedy are you Seeking?	
*Attach additional pages as required	
(Signature) (Date)	