



Privacy Complaint Form

Privacy complaint under the *Freedom of Information and Protection of Privacy Act (FIPPA)* or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*

Note: Government organizations are referred to as an "institution" under the *Acts*.

Your privacy complaint should be sent to the attention of **the Registrar**.

Your information:

Preferred pronoun (optional)

☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other (specify) ►

Surname

Given name

Initials

Address

Unit

City

Province

Postal code

Telephone: Daytime

Evening

E-mail address

☐ I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

Representative information

(Complete only if you will be represented.)

I authorize the following person to act on my behalf and to receive any personal health information pertaining to me, as necessary for the purposes of this access/correction complaint.

Representative is a ☐ lawyer ☐ agent

Surname

Given name

Initials

Name of company, association or organization

Address

Unit

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Consent to disclose your name to the institution the complaint is about

Please select *one* of the following:

- ☐ I consent to my name being disclosed to the institution in order to investigate this complaint.
- ☐ I do not consent to my name being disclosed to the institution.

Consent to provide a copy of documentation to the institution

Please select *one* of the following:

- ☐ I consent to a copy of this form and all attachments being provided to the institution.
- ☐ I do not consent to a copy of this form and all attachments being provided to the institution.

Institution information

Name of institution the
complaint relates to:

Details of the complaint

I have reason to believe that one or more of the following has occurred:

- ☐ The institution has inappropriately collected my personal information.
- ☐ The institution has inappropriately disclosed my personal information.
- ☐ The institution has inappropriately used my personal information.
- ☐ The institution has inappropriately disposed of my personal information.
- ☐ Other – Please explain:

Please provide a detailed description of your privacy complaint covering the *what, when, who, how, where* and *why* of what happened. (If you need additional space, please attach as many pages as necessary.)



Information and Privacy
Commissioner of Ontario
Commissaire à l'information et à la
protection de la vie privée de l'Ontario

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Resolution of complaint

Please describe how your privacy complaint could be resolved.

Information about the privacy complaint process

For more information about the processes of the Information and Privacy Commissioner of Ontario, please contact our office at 416-326-3333, toll-free at 1-800-387-0073, or visit our website at www.ipc.on.ca.

Where to send this form

Mail this completed form to:

Registrar
Information and Privacy Commissioner of Ontario
1400-2 Bloor Street East
Toronto, ON M4W 1A8

Signature

Your signature

Date (mm/dd/yyyy)



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Details of the complaint (cont'd)