

# 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

MR.    MRS.    Ms.    Miss

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 information pertaining to me, as necessary to investigate this privacy complaint.

REPRESENTATIVE IS A:    LAWYER    AGENT    MR.    MRS.    Ms.    Miss

SURNAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_ INITIALS \_\_\_\_\_

NAME OF COMPANY, ASSOCIATION OR ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ UNIT \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## 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.
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## Institution Information

NAME OF INSTITUTION THE COMPLAINT RELATES TO \_\_\_\_\_

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## 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.)

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## Details of the Complaint (cont'd)

## Resolution of Complaint

Please describe how your privacy complaint could be resolved.

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## Information about the Privacy Complaint Process

For more information about the processes of the Information and Privacy Commissioner/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](http://www.ipc.on.ca).

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## Where to Send this Form

Mail this completed form to:

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

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## Signature

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_