

PRIVACY COMPLAINT FORM

*Right to Information and Protection of Privacy Act (RTIPPA)
Personal Health Information Privacy and Access Act (PHIPAA)*

Instructions: Use this form to submit a privacy complaint. A privacy complaint can be submitted when you believe that a New Brunswick public body or a health care custodian has mishandled your personal information (this includes personal health information). When you complain to our Office, you are asking us to review the matter to see if your information has been handled appropriately under the law.

Please know that we will send a copy of your complaint form to the public body or custodian. If you have any concerns about this please advise our Office upon filing your complaint.

Your Information (please print)	
Surname:	First Name:
Address:	
Telephone #	E-mail:
If you are you making this complaint on behalf of another individual please attach a signed and dated authorization document.	

Date of the event leading to your complaint:	
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Public Body/Custodian Information	
Name of public body/custodian that your complaint concerns:	
Name of the individual(s) you have been dealing with:	
Have you attempted to resolve the matter with the public body/custodian?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach any correspondence you may have sent/received)

Details of your Complaint	
Choose one or more of the following to help describe your complaint:	
Improper collection of personal information	<input type="checkbox"/>
Improper use of personal information	<input type="checkbox"/>
Improper disclosure of personal information	<input type="checkbox"/>
Inadequate protection of personal information	<input type="checkbox"/>
Failure of a public body/custodian to ensure my personal information is accurate and complete	<input type="checkbox"/>
The personal information of another individual or group of individuals has been collected, used or disclosed in contravention of the <i>Act(s)</i> .	<input type="checkbox"/>

Specifics of your Complaint (attach additional pages as required):

What resolution/remedy are you seeking?

NOTICE: If we find that a privacy breach has in fact occurred, we may issue recommendations to the public body/custodian if necessary under the circumstances to prevent a similar incident from occurring again. Recommendations will be limited to improving compliance with the *Act*; broader forms of individual redress cannot be obtained through the complaint investigation process. For example, our Office cannot have someone fired, seek damages on behalf of individuals, or address criminal or civil culpability on the part of the public body/custodian.

Note: It may be necessary for our Office to access your personal information as part of our investigation of your privacy complaint. We will only access the information necessary to conduct this investigation and any information accessed will be held in the strictest of confidence. If you have any questions or concerns about this please make them known to this Office when you file this complaint.

I certify that the information given on this form, to the best of my knowledge, is true and complete.

Signature

Date

You can send your completed form and supporting documentation to us via email, post or fax, to the following address:

ACCESS AND PRIVACY DIVISION
DIVISION DE L'ACCÈS À L'INFORMATION ET DE LA PROTECTION DE LA VIE PRIVÉE
230-65 rue Regent St., Fredericton, NB E3B 7H8
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