



OFFICE OF THE INFORMATION &
PRIVACY COMMISSIONER OF ALBERTA

Complaint

You must use this form to complain about the collection, use, disclosure or inadequate safeguarding of personal or health information.

Disclosure Notice

In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), Health Information Act (HIA) and/or Personal Information Protection Act (PIPA), a copy of this form and all attachments will be provided to the Public Body/Custodian/Organization and to all other persons who, in the opinion of the Commissioner, are affected by this Complaint ("affected parties").

Any concerns in this regard must be communicated to the Commissioner's Office in writing immediately.

Contact

Name of person complaining: (Complainant)

Choose one of the following:

- I am representing myself for the purposes of this Complaint. Contact me at the Address for Service provided below.
I authorize (name) ("Agent") to act on my behalf for the purposes of this Complaint. Contact my Agent at the Address for Service provided below.
I have retained (law firm name) ("Lawyer") to represent me for the purposes of this Complaint. Contact my Lawyer at the Address for Service provided below.
I am already authorized to represent the Complainant for the purposes of this Complaint, and am signing this Complaint on the Complainant's behalf. Attached is documentation proving my authority to represent the Complainant for the purposes of this Complaint. Contact me at the Address for Service provided below.

Address for Service:

You must provide an Address for Service for the purposes of this Complaint. Your Address for Service will be circulated to the Public Body/Custodian/Organization and to all affected parties, and is the address to which all official communications, including those time-sensitive in nature, will be sent. If, at any future time, you wish to change your Contact and/or Address for Service, you must immediately complete a "Change of Contact and/or Address for Service" form and forward it according to the instructions set out on that form. Failure to do so may result in this Complaint not proceeding.

Address for Service:

City: Province: Postal Code:

Attention: (e.g. Agent's or individual lawyer's name)

Daytime Contact Phone No: Area Code Ext #

Fax No: Area Code



