

# Request for Review/Complaint Form

**Note:** The Office of the Information and Privacy Commissioner (OIPC) **must** provide a copy of your completed form and all attachments to the public body, custodian and/or organization concerned.

**Section 1 – What do you want OIPC to review or investigate?**

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| --- | --- | --- | --- | --- |
| *Please identify the name and contact information of the public body/custodian/organization.* | | | | |
| Public Body/Custodian/Organization Name | |  | | |
| Address |  | | | |
| Name of Contact Person |  | | Phone |  |
| File Number (if applicable) |  | | | |

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| *Please identify the matters that you want reviewed or investigated.* | | |
| **I made an access to information request:** | | |
|  | No Response: The time limit for responding to my request has expired and I have received no reply. | |
|  | Time Extension: I received notice from the Public Body/Custodian/Organization that the response due date for my request has been extended. I dispute the need for the extension. | |
|  | Search: The search conducted for records was not adequate or failed to locate records believed to exist. | |
|  | Fees: I received notice that fees apply. I question how the fees have been calculated. | |
|  | Fee Waiver: I requested a fee waiver and have been denied. I dispute this decision. | |
|  | Refused Access: I have been refused access to all or part of the records requested. I dispute the decision to withhold information that I requested. | |
|  | **Other (please specify):** |  |

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| **I requested a correction to my personal or health information:** | |
|  | **No Response:** The time limit for responding to my request has expired and I have received no reply. |
|  | **Correction Denied:** I dispute the decision to refuse my request. |

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| **I have been notified that my personal/business information will be released to an applicant who made an access request under the Freedom of Information and Protection of Privacy Act.** | |
|  | **Third Party:** I dispute the public body’s decision to give an applicant access to my information. |
| **I believe my personal information has been improperly collected, used or disclosed:** | |
|  | **Collection:** My personal/health information has been collected in contravention of Alberta’s privacy laws. |
|  | **Use:** My personal/health information has been used in contravention of Alberta’s privacy laws. |
|  | **Disclosure:** My personal/health information has been disclosed in contravention of Alberta’s privacy laws. |

**Section 2 – How can we contact you or your representative?**

*The information in this section will be used to contact you or your representative for this review/investigation. Correspondence will be sent to the address provided below. If your contact information changes, you must complete a “Change of Contact and/or Address for Service” Form to update information in this section.*

**Are you submitting this request for review/filing this complaint on behalf of a minor?**

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|  | Yes, I am and I am the guardian of the minor (see section 20 of the *Family Law Act*). |

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| **Your Information** | | | | | | | | | |
| Last Name: | |  | | First Name: | | |  | | |
| Address: | |  | | | | | | | |
|  | | | | | | | | | |
| Daytime Phone Number: | | |  | | | Fax Number: | | |  |
| Email: |  | | | | | | | | |
| May a message be left at your daytime phone number? | | | | | Yes | | | No | |

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| **Representative Information** (complete only if you are represented by another person) | | | | | | | | | |
| I authorize the following person to act on my behalf and to receive any personal information about me, as necessary, for the purposes of this review | | | | | | | | | |
| Last Name: | |  | | First Name: | | |  | | |
| Address: | |  | | | | | | | |
|  | | | | | | | | | |
| Daytime Phone Number: | | |  | | | Fax Number: | | |  |
| Email: |  | | | | | | | | |
| May a message be left at your daytime phone number? | | | | | Yes | | | No | |

**Section 3 – Is your request/complaint complete?**

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| **Before you send your form to the OIPC,** please check if you have attached the relevant documentation to support your request for review/complaint. | |
|  | Did you attach a copy of the request that you made to the public body, custodian and/or organization (access, correction or fee waiver)? |
|  | Did you attach a copy of the correspondence you received from the public body, custodian and/or organization in response to your request (e.g., time extensions, fee estimates, response on fee waiver request or response to access/correction request)? **[Please do not attach copies of the records received in response to your access request from the Public Body/Custodian/Organization]** |
|  | Did you attach a copy of the public body’s notice to you that your personal/business information would be released to an applicant under the FOIP Act? |
|  | Did you attach a letter describing the facts or details that support your complaint that your personal/health information has been collected, used or disclosed in contravention of Alberta’s privacy laws? Does your letter describe any actions you have taken to resolve your privacy concerns? |

**Section 4 – Your Signature and Statements**

I confirm that all of the information contained in this Form and attachment(s) is accurate to the best of my knowledge. **I also confirm that I understand this Form and all attachments will be provided to the public body, custodian and/or organization concerned.** I acknowledge I am required to keep my contact and address information up-to-date and, if I fail to do so, this review may not proceed.

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|  |  |  |
| Signature |  | Date |

**Section 5 – Submitting to the OIPC**

Choose one of the following three ways to submit this form:

* **Mail:** Send this completed and signed form along with the attachments by mail to:

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| **Edmonton Office**  Office of the Information and Privacy Commissioner  Suite 410, 9925 109 Street NW  Edmonton, AB T5K 2J8 | **Calgary Office**  Office of the Information and Privacy Commissioner  2460, 801 – 6 Avenue SW  Calgary, AB T2P 3W2 |

* **Fax:** Send this completed and signed form along with the attachments to (780) 422-5682 or   
  (403) 297-2711
* **Email:** Send this completed, signed and scanned form along with the attachments to [Complaint\_Review@oipc.ab.ca](mailto:Complaint_Review@oipc.ab.ca) (capital letters not required)

# www.oipc.ab.ca