



## *Personal Information Protection Act OIPC Complaint Form*

**Instructions:** Use this form to start a privacy complaint or a request a review of an organization's response to your personal information access request to the Information and Privacy Commissioner for British Columbia under the *Personal Information Protection Act*.

**Do not use this form** if your privacy issue is with a government or other public body.

The *Personal Information Protection Act* and **materials that may assist you** in completing this form are available at <http://www.oipc.bc.ca/private/> or by calling (250) 387-5629 in Victoria. For toll-free access call **Enquiry BC** in Vancouver at: (604) 660-2421 or elsewhere in BC at 1-800-663-7867 and ask to be transferred.

**Privacy Notice** Be aware that a **copy of this form will be provided** to the organization if your dispute involves a denial by the organization to allow access to your personal information. A copy of this form may be provided to the organization if your complaint is about anything else.

The information you provide on this form, attach to this form, or provide later to this office will only be used to attempt to resolve your dispute

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Contact Phone No:** \_\_\_\_\_  Home  Work  Cell  Pager Pager # \_\_\_\_\_  
(include area code) extension # \_\_\_\_\_

**Alternative Phone No:** \_\_\_\_\_  Home  Work  Cell  Pager # \_\_\_\_\_  
(include area code) extension # \_\_\_\_\_

**Fax No:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
(include area code) (provide only if you prefer to receive communications by e-mail)

Please indicate the best time to contact you, as well as any contact restrictions: (*The Information and Privacy Commissioner for British Columbia office hours of work are Monday to Friday, 8:30am and 4:50 pm (PST).*)

1. Are you making this complaint or request for review:  on behalf of yourself?  
(Check one box only)  on behalf of another individual?  
(Attach supporting documentation if you checked "on behalf of another individual".)

2. Which **organization** (for example, name the business, non-profit association or cooperative, private school, union, religious organization, etc.) is your question, complaint or request for review about. *(Please identify by specific name. Provide legal name, if known.)*

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3. Summarize your complaint or request for review. *(Please indicate any file or reference numbers and relevant dates)*

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4. Tell us about the steps you have taken to try to resolve your complaint:

Have you attempted to resolve the matter with the organization?  Yes  No

Did you write to the organization outlining your concerns?  Yes  No

Did you write to object to the organization's initial decision?  Yes  No

If yes to any of the questions above, when was the last communication from the organization and what was the result?

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Who have you dealt with at the organization to try to resolve your complaint or access request?  
*(List the names, titles, phone numbers or addresses of people you have had contact with.)*

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5. Does the matter relate to: *(Note: You can chose more than one, if applicable)*

a.  **Collection** of Personal Information

b.  **Use** of Personal Information

c.  **Disclosure** (e.g., sharing with others outside the organization) of Personal Information

d.  **Your request** to access your Personal Information

e.  **Your request** to know what has been done with your Personal Information

f.  **Your request** to correct your personal information

g.  **A fee** that has been levied in response to your request to access your personal information

Why do you believe the organization’s actions are unlawful or in violation of the *Personal Information Protection Act*

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6. If you selected d) or e) or f) in question 5, have you received a written decision from the organization?

Yes  No If “yes”, what is the date of the letter and when did you receive it?

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7. Where did the transaction or situation you are referring to occur? (*Name province, territory or country*)

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Do you believe your personal information was sent outside the province? Explain.

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8. How do you think this Office can assist you? Describe the result or outcome that you seek.

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9. Are you, or were you, an employee of the organization? ?  Yes  No

10. Have you ***contacted or made a Complaint or an appeal*** to a privacy commissioner in another Canadian jurisdiction regarding this situation?  Yes  No

If “Yes”, name the province or “Canada” for federal commissioner:

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Attach copies of the following documents if you have them:**

- Your request to the organization for your personal information or information relating to how your personal information was used or disclosed
- The organization's response to your request
- Your letter of complaint to the organization
- The organization's response to your complaint
- Your letter from the Office of the Information & Privacy Commissioner requiring you to attempt to resolve your dispute with the organization
- Any other correspondence between you and the organization on this matter
- Any documentation that indicates that you are authorized to act for another individual (if you answered "Yes" to question 1)
- The organization's privacy policy and practices (optional)
- Other \_\_\_\_\_

**Send Intake Form to:**

Office of the Information and Privacy  
Commissioner for British Columbia  
PO Box 9038, Stn. Prov. Govt.  
Victoria, B.C. V8W 9A4

Fax: (250) 387-1696  
Phone: (250) 387-5629 (Victoria)

**We cannot accept complaints or requests for review by electronic mail.**

**Box below reserved for OIPC date stamp**

**Box below reserved for OIPC staff**

**Received by:**

Initials:  
\_\_\_\_\_

\_\_\_\_\_  
Print Name