



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?

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) _____

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): _____

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.

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?

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

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

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?

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.

Signature

Date

Section 5 – Submitting to the OIPC

You may send this completed and signed form, along with the attachments to:

Edmonton Office

Office of the Information and Privacy Commissioner
Suite 410, 9925 109 Street NW
Edmonton, AB T5K 2J8

Phone: (780) 422-6860
Toll-Free: (888) 878-4044
Fax: (780) 422-5682

Calgary Office

Office of the Information and Privacy Commissioner
2460, 801 – 6 Avenue SW
Calgary, AB T2P 3W2

Phone: (403) 297-2728
Toll-Free: (888) 878-4044
Fax: (403) 297-2711

www.oipc.ab.ca