

PRIVACY COMPLAINT FORM

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

Instructions

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 make a complaint to our Office, you are asking us to review the matter to see if your information has been handled appropriately under the law.

Should you wish to receive more information or if you have questions relating to this form, please contact our office at (506) 453-2789 or 1-888-465-1100 (toll-free).

Please send your completed form and supporting documentation to our office:

- by email: ombud@ombudnb.ca
- by fax: 506.453.5599
- by regular mail: OMBUD NB, PO Box 6000, Fredericton, NB E3B 5H1

Please note 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 when filing your complaint.

Also note that it may be necessary for our office to access your personal information as part of our investigation into your privacy complaint. We will only access the information necessary to conduct our 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 our office when you file your complaint.

CONTACT INFORMATION

We require your contact information so that we can get in touch with you and for statistical purposes.

Last Name:	First Name:
Address:	
Telephone Number:	Alternate Number:
Email:	
Language Preference: <input type="radio"/> English <input type="radio"/> Français <input type="radio"/> Other – please specify:	
Gender: <i>Please note: You are not required to fill out this section. We only collect information on gender for statistical purposes.</i> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Another gender – please specify:	
How would you like us to refer to you in correspondence? <input type="radio"/> he/him/his <input type="radio"/> she/her/hers <input type="radio"/> other pronouns – please specify:	
How best to reach you: <i>Our office hours are Monday to Friday from 8:30 a.m. to 4:30 p.m. Please indicate the best method and time to contact you for information.</i> Time <input type="radio"/> Morning <input type="radio"/> Afternoon Method <input type="radio"/> Phone <input type="radio"/> Alternate Phone <input type="radio"/> Email	
<i>If you are making this complaint on behalf of another individual, please attach a signed and dated authorization form</i>	

COMPLAINT DETAILS

Information on the organization involved in your complaint
Name of public body or custodian involved in your complaint: <i>(For example: Department, agency, Crown corporation, local government, health authority, school district, university, health care provider etc.)</i>
Name of the individual(s) you have been dealing with:

Information on your complaint

Attach additional pages as required

What is the nature of your complaint?

Choose one or more of the following to help describe your complaint

Improper collection of personal information ☐

Improper use of personal information ☐

Improper disclosure of personal information ☐

Inadequate protection of personal information ☐

Failure of a public body/custodian to ensure my personal information is accurate and complete ☐

The personal information of another individual or group of individuals has been collected, used or disclosed in contravention of the *Act(s)* ☐

Note that this is only a ground for complaint under RTIPPA

Have you attempted to resolve the matter with the public body or custodian?

If yes please attach any correspondence you may have sent/received

☐ Yes ☐ No

Date of the event(s) for which you are submitting a complaint:

Please explain the situation for which you are submitting a complaint:



What resolution or remedy are you seeking?

If we find that a privacy breach has in fact occurred, we may issue recommendations to the public body or 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 types of corrective measures 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 or custodian.

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

Signature

Date