*ACCESS TO INFORMATION AND PROTECTION OF PRIVACY ACT (ATIPP Act)*

# COMPLAINT – concerning the administration of the ATIPP Act (Section 42)

## APPLICANT

Name (last, first, middle) or Corporation _____

Mailing Address _____

City, Town or Village _____ Territory/Province _____ Postal Code _____

Telephone : Home _____ Work _____ Fax _____

If you are applying as personal representative/guardian/legal custodian pursuant to Section 62 of the ATIPP Act, who is the person you are representing?

_____

What is the name of the Public Body? (Please name **one** Public Body only)

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If your complaint is about the administration of the *Access to Information and Protection of Privacy Act,* please give the details of your complaint. (eg: I would like to complain about the way the public body responded to my access request. I don;pt feel a very thorough search was done. I believe more records exist because…)

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You may also write your complaint on a separate piece of paper and attach it to this form.

Signature _____ Date _____

**Send the completed form to:**

Information and Privacy Commissioner
Box 2703, Whitehorse, YT Y1A 2C6

**Or drop off at:**

Office of the Ombudsman
211 Hawkins Street, Suite 201
Whitehorse, Yukon

**Questions?**

Call: 667-8468 in Whitehorse
Toll Free: 1-800-661-0408 ext. 8468
Fax: 867-667-8469
Email: email.ombudsman@ombudsman.yk.ca

FOR COMMISSIONER'S OFFICE USE ONLY Date Received _____ File Number _____