

REQUEST FOR REVIEW/COMPLAINT FORM

This form is designed to assist you make a complaint or request a review under the *Access to Information and Protection of Privacy Act* (ATIPP) or make a complaint under the *Health Information Privacy and Management Act* (HIPMA) to the Information and Privacy Commissioner (IPC).

Your Information				
Name				
Mailing Address				
Telephone No	Can a message be left at this number (Y/N)?			
Email address	Access Request #A	(if applicable)		
Identify the public bo	ody, custodian, or agent of custodian (Provide name and full address)			
What do you want the sure which applies to your situation ca	e IPC to review or investigate? (Check the box that relates to your complaint all the IPC office for assistance).	t or review. If you are not		
I made an <u>access</u> to ir	nformation request:			
access to records an Time Extension: I re extended. I dispute Refused Access: The decision to withhold Fee: I dispute the fee Waiver: I reque (This only applies to Search for Records: access request.	is been more than 30 days since the Records Manager/custodian received and there has been no response. The eceived notice from the Records Manager/custodian that the response dethe need for an extension of time for responding to my access request, the public body/custodian refused access to all or part of the records required information that I requested. The earliest of the records manager and have been denied. I did a request for access to records made under the ATIPP). The public body/custodian failed to identify all the records believed to expect the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public body/custodian failed to identify all the records believed to expect the public believed to expect the public believed to expect the public believed to expect the pu	ue date has been uested. I dispute the ispute this decision.		
I have been notified to body to an applicant	that my personal/business information will be released who made an access request #A	by a public		
Third Party: I disput	te this decision.			

I believe my personal /health information has been improperly collected used, disclosed or breached:

Collection: My personal/health information has been collected by the public body/custodian contrary to Yukon's privacy laws.

Use: My personal/health information has been used by the public body/custodian contrary to Yukon's privacy laws.

Disclosure: My Personal/health information has been disclosed contrary to Yukon's privacy laws.

Breach: A privacy breach occurred involving my personal or health information.

I requested a correction to my personal or health information.

No Reply: I did not receive a response

Other: My complaint is of a differe	nt nature than th	the options provided above (please specify):
-	ed, disclosed, bro	nplaint that your personal or health preached, or other, in contravention of povided to the public body/custodian.)
		your request for review or complaint.
fee waiver)		de to the public body or custodian (access, correction
extensions, response on fee waiver o	r response to access/	ager or custodian in response to your request (time is/correction request). The personal/business information would be released to
Signature	Da	Date
Send your completed signed form v	with attachment	nts to:
Office of the Information and Suite 201-211 Hawkins Stree Whitehorse Yukon Y1A 1X3	t	
For IPC use only		
Date Received:	Assigned t	d to: