



# 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 body, custodian, or agent of custodian** (Provide name and full address)

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**What do you want the IPC to review or investigate?** (Check the box that relates to your complaint or review. If you are not sure which applies to your situation call the IPC office for assistance).

### I made an access to information request:

- No Response:** It has been more than 30 days since the Records Manager/custodian received my request for access to records and there has been no response.
- Time Extension:** I received notice from the Records Manager/custodian that the response due date has been extended. I dispute the need for an extension of time for responding to my access request.
- Refused Access:** The public body/custodian refused access to all or part of the records requested. I dispute the decision to withhold information that I requested.
- Fee:** I dispute the fee a custodian has charged for access to my personal health information.
- Fee Waiver:** I requested a fee waiver from the Records Manager and have been denied. I dispute this decision. (This only applies to a request for access to records made under the ATIPP).
- Search for Records:** The public body/custodian failed to identify all the records believed to exist related to my access request.
- Other (please specify):** \_\_\_\_\_

**I have been notified that my personal/business information will be released by a public body to an applicant who made an access request #A-\_\_\_\_\_.**

**Third Party:** I dispute 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.

