



## PRIVACY COMPLAINT FORM

Privacy Complaint under the  
Freedom of Information and Protection of Privacy Act (FIPPA)  
or the  
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

YOUR INFORMATION			
MR.	MRS.	MS.	MISS
Surname <i>* required field</i>			
Given Name <i>* required field</i>		Initials	
Address		Unit	
City	Province	Postal Code	
Telephone Daytime <i>* required field</i>	Evening <i>* required field</i>		
Email Address			
I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.			

**REPRESENTATIVE INFORMATION (Complete only if you will be represented)**

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, as necessary to investigate this privacy complaint.

Representative is a:      Lawyer      Agent

MR.      MRS.      MS.      MISS

Surname

Given Name

Initials

Name of Company, Association or Organization

Address

Unit

City

Province

Postal Code

Telephone  
Daytime

Evening

Email Address

## **Details of the Complaint**

I have reason to believe that one of more of the following has occurred:

Southwestern Public Health has inappropriately collected my personal information.

Southwestern Public Health has inappropriately disclosed my personal information.

Southwestern Public Health has inappropriately used my personal information.

Southwestern Public Health has inappropriately disposed of my personal information.

Other – please explain:

Please provide detailed description of your privacy complaint covering the what, when, who, how, where and why of what happened. (If you need additional space, please attach as many pages as necessary.)

**Details of the Complaint (cont'd)**

## Resolution of Complaint

Please describe how your privacy complaint could be resolved.

### Where to Send this Form

Mail this completed form to:

Privacy Officer  
Southwestern Public Health  
1230 Talbot St.  
St. Thomas, ON  
N5P 1G9

Your Signature	Date of Signature
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For further information regarding Privacy Complaints, please go to the Information and Privacy Commissioner of Ontario website, <https://www.ipc.on.ca/privacy-organizations/privacy-complaints/>