



# Freedom of Information and Protection of Privacy: Privacy Complaint Form

## Part 1: About the Complainant

Mr.	Mrs.	Ms.	Miss	Dr.	N/A
Last Name:			First Name:		
Address:					
City:			Postal Code:	Province:	
Email Address:			Phone:		

## Part 2: Details of the Complaint

Please provide a detailed description of your privacy complaint covering the *what, when, who, how, where* and *why* of the incident. If additional space is required, please attached additional pages.

Name of department the complaint relates to:

Please indicate if you have reason to believe that one or more of the following has occurred:

The department has inappropriately collected my personal information

The department has inappropriately disclosed my personal information

The department has inappropriately used my personal information

The department has inappropriately disposed of my personal information

Other:

Description of complaint:

### Part 3: Resolution of Complaint

Please describe how your privacy complaint could be resolved:

### Part 4: About the Process

Submit completed complaint forms to:

University Secretariat  
University Centre, 4<sup>th</sup> Floor  
50 Stone Road East  
Guelph, Ontario  
N1G2W1

The University Secretariat will investigate your complaint to ensure the immediate requirements of containment and notification have been addressed, to review the circumstances surrounding the breach, and to review the adequacy of existing policies, procedures, and training in protecting personal information.

### Part 5: Complainant's Consent

Consent to disclose your name to the department the complaint is related to:

I consent to my name being disclosed to the department in order to investigate this complaint

I do not consent to my name being disclosed to the department

Consent to provide a copy of documentation to the department the complaint is related to:

I consent to a copy of this form and all attachments being provided to the department

I do not consent to a copy of this form and all attachments being provided to the department

### Part 6: Complainant's Signature

Signature:

Day:

Month:

Year:

*Personal information on this form is collected under the authority of the University of Guelph Act, 1964 and in accordance with Ontario's Freedom of Information and Protection of Privacy Act. This information will be used for the purpose of responding to your complaint. Questions about this collection should be directed to the University's privacy officer, University Secretariat, 519-824-4120 x.56571 or by email to [fippa@uoguelph.ca](mailto:fippa@uoguelph.ca).*