



# Request for Review/Complaint Form

| YOUR INFORMATION   |   |
|--------------------|---|
| First Name         | Last Name   |
| Address            | Phone Number <span style="float: right;">Ok to leave message? <input type="checkbox"/></span> |
| Access Request #A- | Email Address   |

**Identify The Public Body or Custodian:**

**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 under the ATIPP**

**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.

**I requested a correction to my personal or health information.**

**No Reply:** I did not receive a response Correction.

**Correction Denied:** My request for correction or annotation of my personal information has been denied.

**Other:** My complaint is of a different nature than the options provided above (please specify):

**Provide the facts or details that support your complaint that your personal or health information has been collected, used, disclosed, breached, or other, in contravention of Yukon's access and privacy laws. (Details about your privacy complaint will be provided to the public body/custodian.)**

**Please attach the relevant documents to support your request for review or complaint.**

- A copy of the request for access to records that you made to the public body or custodian (access, correction, fee waiver)
- A copy of the letter you received from the Records Manager or custodian in response to your request (time extensions, response on fee waiver or response to access/correction request).
- A copy of the Records Manager’s notice to you that your personal/business information would be released to an applicant under ATIPP.

| YOUR SIGNATURE  |  |
|---|--|
| Signature (typing your name confirms your acceptance) | Date <a href="#">Click here to enter a date.</a> |

**Return this completed form:**

**Electronically – Submit securely via the Secure File Link sent to you when requesting this form.** If you did not receive, please contact our office via phone or email. Please do not include any sensitive information by normal email as it is not a secure form of communication.

**Paper Copy –** Please print the completed form and mail or drop off to our office during office hours.

Yukon Information and Privacy Commissioner  
3162 Third Avenue, Main floor  
Whitehorse, YT Y1A 1G3  
Tel: 867-667-8468 - Toll Free 1-800-661-0408 Ext.8468  
Email: [intake@ombudsman.yk.ca](mailto:intake@ombudsman.yk.ca)

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The personal information collected on this form will be used and disclosed by the Office of the Information and Privacy Commissioner (OIPC) for the purpose of conducting an investigation into your complaint and may be used for evaluating performance of the OIPC. The OIPC is authorized to collect this information under subsection 53 of the *Access to Information and Protection of Privacy Act*. For information about this collection, please contact the intake officer with the Office of the Information and Privacy Commissioner at 3162 Third Avenue, Main Floor, Whitehorse Yukon Y1A 1G3, or 867-667-8468, toll free 1-800-661-0408 Ext 8468.