

# PRIVACY COMPLAINT FORM

## PART 1 COMPLAINANT'S CONTACT INFORMATION

LAST NAME		FIRST NAME (INCLUDE MIDDLE NAME IF APPLICABLE)	
ADDRESS (STREET, APARTMENT NO., PO BOX)			
VILLE	PROVINCE	POSTAL CODE	
TELEPHONE NO.	EMAIL ADDRESS		

## PART 2 DETAILS OF THE COMPLAINT

A) WHAT INCIDENT IS THE BASIS FOR YOUR COMPLAINT?

B) WHEN DID THE INCIDENT OCCUR?

C) WHEN DID YOU BECOME AWARE OF THIS INCIDENT?

D) WHAT IMPACT OR EFFECT HAS THIS INCIDENT HAD ON YOU OR ANOTHER PERSON?

E) WHAT ACTIONS WOULD YOU LIKE THE UNIVERSITY TO TAKE TO RECTIFY THIS SITUATION?

## PART SIGNATURE

SIGNATURE	DATE

Personal information contained on this form is collected under the authority of the 1965 *University of Ottawa Act* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of and those consistent with responding to your complaint. Questions about this collection should be directed to the Director, Access to Information and Chief Privacy Officer, Access to Information and Privacy Office, University of Ottawa, 550 Cumberland, Room M407, Ottawa, ON K1N 6N5.

### Access to Information and Privacy Office

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