



uOttawa

**Access to Information and Privacy Office**

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**Privacy Complaint Form**

**Part 1 – Complainant’s Information**

<input type="checkbox"/> Mr.	Family name *	First and middle name(s) *		
<input type="checkbox"/> Ms.				
Unit/Apt.no	Street no. *	Street name *		PO Box
City *		Province *	Postal code *	
Home phone no.	Work phone no.	Cell phone no.	E-mail address	

**Part 2 – Details of the Complaint**

**Feel free to attach additional pages to this form to provide further details about your 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 measures or steps would you like the University to take to rectify this situation? \*

**Part 3 – Signature**

_____	_____
<b>Signature</b>	<b>Date (yyyy/mm/dd)</b>

**\* REQUIRED FIELDS**

**PLEASE SEND YOUR COMPLETED FORM TO THE ADDRESS ABOVE. THANK YOU.**

Personal information contained on this form is collected pursuant to *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Director, Compliance, Access to Information and Privacy, Access to Information and Privacy Office, University of Ottawa, Tabaret Hall, 550 Cumberland Street, Room M407, Ottawa, Ontario, K1N 6N5.