

Ombudsman Manitoba

Appendix 3

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August 22, 2003

Ms Sandra Hardy
Deputy Minister
Culture, Heritage and Tourism
112-450 Broadway
Winnipeg, MB R3C 0V8

Dear Ms Hardy:

During the past several years, our office has recognized a need to amend the complaint form prescribed under *The Freedom of Information and Protection of Privacy Act (Form 3 of Schedule A, Regulation 64/98)* to make it more useful and beneficial for the complainant, public body, and our office.

I have attached a copy of the existing form as well as a proposed replacement form that my office has drafted.

Our reasons for requesting the changes follow.

Generally, the current form does not require a complainant to provide the most basic information necessary to begin an investigation under FIPPA. For example, the form does not:

- require the name of the public body;
- require the signature of the complainant;
- request details of a privacy complaint;
- request that relevant documentation be attached;
- provide space for representative information; and,
- photocopy or fax legibly because of the shaded areas.

Our suggested changes address the limitations of the existing form. In our view, while the proposed form is longer, the amendments will make both the complaint procedure and the investigative process clearer and more efficient.

I expect that preparations for the review of the legislation are in preliminary stages, but I am not aware of any significant countervailing benefit in waiting for the completion of this

process before the FIPPA form is revised and adopted by regulation. We would be pleased to discuss our suggestions with you or departmental staff.

Thank you for your consideration of this matter.

Yours truly,

Barry E. Tuckett
Manitoba Ombudsman

Enclosure

**Freedom of
Information
and Protection
of Privacy
Act**

**DRAFT
COMPLAINT FORM**

PLEASE SEND THIS FORM TO:

Ombudsman Manitoba
750-500 Portage Avenue
Winnipeg, Manitoba R3C 3X1

Phone: (204) 982-9130
Toll Free: 1-800-665-0531
Fax: (204) 942-7803
Web site: www.ombudsman.mb.ca

The Ombudsman's Office will provide a copy of your completed form to the public body concerned. If you have any questions or concerns about this, please contact Ombudsman Manitoba.

(Please print clearly)

YOUR INFORMATION	
Last Name: _____	First Name: _____
Address: _____ _____	
_____	Postal Code: _____
Daytime Telephone Number: _____	Fax Number: _____
May a message be left at your daytime telephone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REPRESENTATION INFORMATION (Complete only if you want to be represented by another person)	
I authorize the following person to act on my behalf and to receive any personal information about me, as necessary for the purposes of this complaint.	
Last Name: _____	First Name: _____
Address: _____ _____	
_____	Postal Code: _____
Daytime Telephone Number: _____	Fax Number: _____
May a message be left at this daytime telephone number? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please complete the appropriate complaint area on the back of this form.

COMPLAINT ABOUT ACCESS

Name of the public body to which this complaint relates: _____

Please select one of the following

- No Response** It has been more than 30 days since the public body received my application and there has been no reply.
- Time Extension** I have received notice of an extension of the 30 day time limit for responding. I contest the need for this extension.
- Fee/Fee Estimate** I have received notice that a fee applies. I contest this fee.
- Fee Waiver** I have requested a fee waiver and have been denied. I contest this decision.
- Refused Access** I have been refused access to all or part of the records for which I applied.
- Correction** My request for correction to my personal information as provided for in section 39 has been refused.
- Third Party** As a third party, I wish to contest under section 59(2) the public body's decision to give access to records against my wish.
- Complaint by Relative of Deceased Person** As a relative of a deceased person, I contest the decision of a public body not to disclose my relative's personal information under clause 44(1)(z).
- Other** Please specify: _____

Please attach copies of any documents relevant to your complaint (including application and response).

COMPLAINT ABOUT PRIVACY

Name of the public body to which this complaint relates: _____

Please select all that apply:

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

- Collection** My personal information has been collected by the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.
- Use** My personal information has been used within the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.
- Disclosure** My personal information has been disclosed outside of the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.
- Other** Please specify: _____

Please attach a description of your privacy complaint explaining what happened (who, what, where, when, how and why). Specify the personal information involved in your complaint and enclose any relevant documentation.

Your Signature: _____

Date: _____

COMPLAINT



To the Manitoba Ombudsman:

I wish to complain under *The Freedom of Information and Protection of Privacy Act* that:

Check (✓) the appropriate box

- I have not received a reply to my application. It has been _____ days since I applied.
- I have received notice that an extension beyond 30 days is being sought. I contest the need for this extension.
- I have been denied access to all or part of the records for which I applied.
- My request for correction to my personal information as provided for in section 39 has been refused.
- As a third party, I wish to contest under section 59(2) a public body's decision to give access to records against my wish.
- I believe my own personal information has been collected (____), or used (____), or disclosed (____) in violation of Part 3, Protection of Privacy.
- As a relative of a deceased person, I contest the decision of a public body not to disclose my relative's personal information under clause 44(1)(z).
- Other? Please specify: _____

Surname: _____	First Name: _____
Address: _____	

_____	Postal Code: _____
Daytime Telephone Number: _____	Fax Number: _____

PLEASE SEND THIS FORM TO: Manitoba Ombudsman
750 - 500 Portage Avenue
Winnipeg, Manitoba R3C 3X1

FOR THE USE OF THE OFFICE OF THE OMBUDSMAN

Date Complaint Received : _____