

# Freedom of Information and Protection of Privacy Act (FIPPA)

## FIPPA ACCESS COMPLAINT FORM



MANITOBA  
OMBUDSMAN

A complaint to Manitoba Ombudsman under FIPPA must be made in writing. Use this form if you are making a complaint about the way a public body has handled your access to information request. Or you may write a letter or email to the ombudsman with details about your complaint.

Please send this form to Manitoba Ombudsman in one of the following ways:

Email: [ombudsman@ombudsman.mb.ca](mailto:ombudsman@ombudsman.mb.ca)

Mail: 300-5 Donald Street, Winnipeg, Manitoba R3L 2T4

Fax: 204-942-7803

### INTERNAL OFFICE USE ONLY

Date received:

If you have questions or require assistance, please contact us at 204-982-9130, 1-800-665-0531 (toll free in Manitoba) or [ombudsman@ombudsman.mb.ca](mailto:ombudsman@ombudsman.mb.ca). More information is available at [www.ombudsman.mb.ca](http://www.ombudsman.mb.ca)

### YOUR INFORMATION

Name:

Mailing address:

Please indicate the best way(s) to contact you if we need more information or have questions about your complaint:

Telephone number(s):

Email address:

Are there any restrictions on contacting you? For example, are there certain days of the week or times of day that you are available? (Note that our office hours are Monday to Friday, from 8:30 a.m. to 4:30 p.m.)

Is your complaint being made on behalf of an organization? Yes      No

If yes, which organization?

### YOUR REQUEST FOR ACCESS TO INFORMATION

Name of the public body you are complaining about:

Date you made the access request under FIPPA:

Public body's file number for your request (if known):

### YOUR COMPLAINT

In describing your complaint, please select *one* of the following:

**No Response:** It has been more than 45 days since the public body received my access request and I have not received a written access decision.

**Time Extension:** I have received notice of an extension of the 45-day time limit for responding. I dispute the need for this extension.

**Fee/Fee Estimate:** I have received a notice that a fee applies. I dispute this fee.

**Fee Waiver:** I have requested a fee waiver and have been denied. I dispute this decision.

**Refused Access:** I have received a written access decision and have been refused access to all or part of the records for which I applied. I dispute this decision.

**Decision to Disregard:** I have received a written access decision in which the public body disregarded my request under section 13. I dispute this decision.

**Third Party:** As a third party, I dispute the public body's decision to give access to records against my wishes under section 59(2).

**Complaint by Relative of Deceased Person:** I dispute the public body's decision to not disclose to me personal information under clause 44(1)(z).

**Other:**

Provide any additional information you would like our office to know about your complaint (for example, if your complaint is about a refusal of access, is your complaint about a specific aspect of the refusal?):

Please describe any actions you have taken to resolve your access request concerns with the public body:

**REPRESENTATIVE INFORMATION:** Complete this section only if you want another person to represent you. If you name a representative, we will communicate with this person about your complaint. 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:

Name:

Please indicate the best way(s) to contact your representative:

Telephone number(s):

Email address:

Please include the following information when making a FIPPA access complaint to our office:

- ☐ A copy of the FIPPA access request you made to the public body
- ☐ A copy of any written correspondence or access decision issued by the public body in response to your FIPPA access request

By submitting this form, I believe that, to the best of my knowledge, the information I have provided is true and accurate. I also understand that Manitoba Ombudsman will provide a copy of my complaint to the public body I am making my complaint about.

Your signature:

Date: