Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Health Information Act (PHIA)



INTERNAL OFFICE USE ONLY

Date received:

PRIVACY OR CORRECTION COMPLAINT FORM

A complaint to Manitoba Ombudsman under FIPPA or PHIA must be made in writing. Use this form:

- if you are making a complaint about the way a public body or trustee has handled your personal or personal health information
- if you are making a complaint about a request you made to a public body or trustee about correcting your personal or personal health information

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

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

Fax: 204-942-7803

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. More information is available at 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 ABOUT:

Your own personal information

Your own personal health information

Uncertain

PUBLIC BODY/TRUSTEE INFORMATION

Name of the public body/trustee you are complaining about:

Name(s) and contact information of any public body or trustee staff you have spoken to about your privacy or correction concerns:

YOUR COMPLAINT

In describing your complaint, please select from the following options:

Collection: My personal and/or personal health information has been collected by the public body or trustee in violation of FIPPA or PHIA.

Use: My personal and/or personal health information has been used within the public body or trustee in violation of FIPPA or PHIA.

Disclosure: My personal and/or personal health information has been disclosed outside of the public body or trustee in violation of FIPPA or PHIA.

Security Safeguards: My personal information has not been protected in a secure manner as required by FIPPA or PHIA

Correction: I made a request for correction under PHIA or FIPPA and I am complaining about the public body's or trustee's response or refusal to correct my personal and/or personal health information.

body's or trustee's resp Other:	onse or refusal to correct my personal and/or personal health information.
Provide a description of the pe	rsonal and/or personal health information you are making your complaint about:
Provide information about the dates:	nature of your complaint (who, what, where, when and why), including any relevant
Describe any actions you have	taken to resolve your concerns with the public body or trustee:
How do you believe your comp	laint can be resolved? What is your desired outcome?
_	formation when making your complaint to our office: correspondence you sent or received from the public body or trustee regarding on concern.
•	we that, to the best of my knowledge, the information I have provided is true and t Manitoba Ombudsman may provide a copy of my complaint to the public body or aint about.
Your signature:	Date: