

First name: \*

Who is submitting the complaint: \*

## **Privacy Complaint Form**

To submit a privacy complaint, all fields marked with an asterisk (\*) must be completed. Incomplete forms may not be accepted. Optional fields may be filled in if relevant to your complaint.

If you are submitting the form as a lawyer or other third party on behalf of the complainant, please ensure the complainant has completed the *representative information section* before submitting the form.

I am subr	nitting a privacy complai	nt about my own personal information		
I am subr	mitting a privacy complai	nt on behalf of someone else.		
Complainant Info	rmation:			
First name: *		Last name: *		
Unit No.	Street No.	Street Name:		
City/Town:	Province:	Postal Code:		
Telephone: *	E	Email: *		
Representative In or other third party	•	is section only if you are being represented by a lawy	er	
I	authorize the followi	ng person to act on my behalf to file a privacy compla	int and	
to receive any pers	sonal information pertain	ing to me, as necessary for the purpose of this compl	aint.	
Representative is a	a: Lawyer	Other, please specify		

Last name: \*

Name of company, association or organization (if applicable):						
Unit No.	Street No.	Street	Name:			
City/Town:	Р	Province: Postal Code:		l Code:		
Telephone: *		Email: *				
Details of the complaint:						
Name of the department the complaint relates to: *						
I have a reason to believe that one of the following has occurred: *  The department(s) has inappropriately collected my personal information.  The department(s) has inappropriately disclosed my personal information.  The department(s) has inappropriately used my personal information.  The department(s) has inappropriately disposed of my personal information.  Other – Please explain:  Please provide a detailed description of your privacy complaint covering the what, when, who, how, where, and why of what happened. (If you need additional space, please attach as						
many pages as	necessary.): *			·		

## **Resolution of complaint:**

Please describe how your privacy complaint could be resolved. *				
Complaint submission options:				
By Email: Send your documents to privacy@oakville.ca				
By Mail or In Person: Access and Privacy Officer Clerk's Department Town of Oakville 1225 Trafalgar Road Oakville, ON L6H 0H3				
Signature of complainant	Date <i>(mm/dd/yyyy)</i>			
Personal information is being collected pursuant to the Municipal I Privacy Act (MFIPPA) and the Town's Protection of Privacy Proceduto respond to and action the privacy complaint submitted under this use of your personal information may be directed to the Acprivacy@oakville.ca, by phone at 905-815-6015 or by mail to Acce Town of Oakville. 1225 Trafalgar Road. Oakville. ON L6H 0H3.	ure. It will be used by the Town of Oakville form. Questions about this collection and cess and Privacy Officer by email a			