



If you have a question or complaint regarding our Privacy Policy or Procedures, please contact our Privacy Compliance Officer:

PRIVACY COMPLAINT FORM

(Please Print Clearly)

DATE: _____

PERSONAL*

Mr. Mrs. Ms. Miss

SURNAME _____ GIVEN NAME INITIALS _____

ADDRESS UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME EVENING _____

E-MAIL ADDRESS* _____

I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

Representative Information (Complete only if you will be represented.)

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, as necessary to investigate this privacy complaint.

REPRESENTATIVE IS A: LAWYER AGENT

Mr. Mrs. Ms. Miss

SURNAME _____ GIVEN NAME INITIALS _____

NAME OF COMPANY, _____ ASSOCIATION OR ORGANIZATION _____

ADDRESS _____ UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME _____ EVENING _____

E-MAIL ADDRESS _____



NorWest Community
Health Centres
NorWest centres
de santé communautaire

Main Site: 525 Simpson St, Thunder Bay, ON P7C 3J6
807-622-8235: Telephone / 807-622-7637: Fax
1-866-357-5454: Toll Free / Website: www.norwestchc.org
Email: ajeane@norwestchc.org

Consent to Disclose Your Name to the Institution the Complaint is About

Please select one of the following:

- I consent to my name being disclosed to the institution in order to investigate this complaint.
- I do not consent to my name being disclosed to the institution.

Consent to Provide a Copy of Documentation to the Institution

Please select one of the following:

- I consent to a copy of this form and all attachments being provided to the institution.
- I do not consent to a copy of this form and all attachments being provided to the institution.

Details of the Complaint

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

- The institution has inappropriately collected my personal information.
- The institution has inappropriately disclosed my personal information.
- The institution has inappropriately used my personal information.
- The institution has inappropriately disposed of my personal information.
- Other - please explain: _____



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Resolution of Complaint:

Please describe how your privacy complaint could be resolved.

| |
|---|
| <input type="checkbox"/> Follow up with telephone call |
| <input type="checkbox"/> Follow up letter |
| <input type="checkbox"/> Follow up with other - _____ _____ _____ |

Personal information contained on this form is collected pursuant to PIPEDA and will be used for the purpose of responding to your complaint and will be retained by the Landlord in accordance with its retention policies. Questions about this collection should be directed to the Landlord's Privacy Officer.

If we do not resolve your questions or complaint to your satisfaction, you may address your concerns to:

The Privacy Commissioner of Canada
112 Kent Street
Ottawa, Ontario
K1A 1H3

Phone: (613) 995-8210
Toll-free: 1-800-282-1376
Fax: (613) 947-6850
Website: info@privcom.gc.ca