



Request for Review/Privacy Complaint and Correction Form *Personal Information Protection Act (PIPA)*

Please complete this Form if one of the following three situations apply:

- 1) You made an [access to information request to an Organization under PIPA for your personal information](#) and you are requesting a review concerning:

- You have received a response, but you disagree with the information that was provided or redacted.
- There are records you believe were not included in the response.
IMPORTANT: You should go back to the Organization to resolve this before you come to the OIPC if this is your only issue. See instruction sheet under the heading of [Access Requests](#) “What if the Organization did not find the records I was looking for?”
- You have received no response to your request and the time limit to respond has run out to respond and the Organization did not take a time extension or has exceeded a time extension it has already taken.
- You dispute a time extension taken by the Organization.
- You dispute fees that were charged or estimated.

PIPA allows you to make an access request to an Organization for your own personal information. Personal information is information about you, not simply related to you or about others or about general information about the Organization (for example, financial statements).

- 2) You have a [complaint about your own personal information having been collected, used or disclosed](#) by an Organization OR you have a general complaint about the Organization’s practices concerning compliance with PIPA that you believe may be in contravention of the Act.

IMPORTANT: Before you submit your complaint, the OIPC requires you to make the complaint FIRST to the Organization BEFORE you submit the complaint to us. This gives the Organization a chance to respond to your concerns. If you do not do this, or demonstrate you have attempted to do this, your Form will be returned to you. Tips on how to submit a privacy complaint to a private Organization is in the instructions at the end of this Form. Please **allow at least 30 business days for the entity to respond** after it receives your complaint.

After you attempt to resolve this matter directly with the Organization, if you still have reason to believe the response does not comply with PIPA, or you have received no response, you may submit your complaint to our office.

- 3) You have made a [request to correct your personal information](#) and the Organization has not responded or you disagree with the response.

An **Organization is prohibited from correcting or altering an opinion, including a professional opinion.** For more information about this and before you submit this Form, please read the final page of the instructions.

Please fill in one Form for each kind of review or privacy complaint. Do not combine.

For example, your request for review concerning an access request and you also have a privacy complaint involving one Organization. Fill out one Form for the access request and one Form for the privacy complaint.

Information on how to complete this Form can be found on the last page. If you are not sure how to complete any part of this Form, email generalinfo@oipc.ab.ca or call the Office of the Information and Privacy Commissioner (OIPC) toll free at 1-888-878-4044 for assistance.

Section 1A – Are you requesting a review or making a complaint for yourself? If yes, please provide your contact information.

If you are requesting a review or making a complaint for someone else, proceed to Section 1B.

Your Information

Last Name:

First Name and Initial:

Mailing Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Phone Number:

OK to leave a message?

Yes

No

Email:

Section 1B – Are you requesting a review or making a complaint for someone else? Are you a lawyer or agent? Has an individual authorized you to act on their behalf? Are you representing a minor, have power of attorney, acting pursuant to a personal directive, are a guardian or trustee, or acting on behalf of someone who is deceased?

Yes – please fill in this section and provide documentation as requested below.

No – Skip to Section 4

Please tick applicable box below. Be prepared to provide documentation to support your authority after you submit this form

- The person is deceased and I am the personal representative and my request relates to the administration of the estate.

- The person is deceased and I am a person who is authorized by law to deal with the disposition of the deceased's remains if the exercise of the right or power relates to the disposition of the deceased's remains.
- The person is deceased and I am a person who has arranged for, or is arranging for, the deceased's funeral if the exercise of that right or power reasonably relates to the funeral or to the notification, recognition or acknowledgment of the death of the deceased.
- I am a guardian or trustee under the *Adult Guardianship and Trusteeship Act* and this review relates to the exercise of the right or powers as it relates to my duties.
- I have power of attorney granted by the individual, and the exercise of the right or power is related to those conferred on me as the power of attorney.
- I am the individual's nearest relative as defined in the *Mental Health Act* and the exercise of the right or power is necessary to carry out the obligations of the nearest relative under that Act.
- The individual is a minor, and I am the guardian of the minor.
Age of minor
- I have written authorization from the individual to act on their behalf. Click [here](#) for an authorization form or attach documentation to support your authority.

Person you are acting on Behalf of

Last Name:

First Name:

Section 2 – What do you want reviewed concerning your access request or your privacy or correction complaint?

Please identify the name and contact information of the Organization.

Organization Name:

Address:

Name of Contact Person:

Phone:

File Number (if applicable):

Please identify the matters that you want reviewed (as applicable).

Access to Information Reviews

I made an access to information request:

- No Response: The time limit for responding to my request has expired and I have received no reply.
Attach access request -mandatory or
- I do not have a copy of the access request.

- Time Extension: I received notice from the Organization that the response due date for my request has been extended. I dispute the need for the extension.
I have **not** received any records.
I have received records.
Attach access request.
Attach notice from the Organization regarding the time extension – mandatory.
- Search: The search conducted for records was not adequate or failed to locate records believed to exist.
Attach access request.
Attach any documentation if the scope of the original access request changed and was agreed upon, if applicable.
Attach the response from the Organization regarding the access request – mandatory.
 - I have asked the Organization to try and resolve the search issue and this issue is not resolved. If yes, attach the documentation.
 - I have not asked the Organization to resolve the search for the following reason(s)
- Fees: I received notice that fees apply. I question how the fees have been calculated.
Attach fee estimate – mandatory.
- Refused Access: I have been refused access to all or part of the records requested. I dispute the decision to withhold information that I requested.
Attach access request.
Attach any documentation if the scope of the original access request changed and was agreed upon, if applicable.
Attach the response from the Organization regarding the access request - mandatory

Privacy Complaint Investigation

Check the boxes that apply. I believe my personal information has been improperly collected, used or disclosed:

- Collection:** My personal information has been collected in contravention of the PIPA.
 - Use:** My personal information has been used in contravention of the PIPA.
 - Disclosure:** My personal information has been disclosed in contravention of the PIPA.
- OR
- General complaint about the Organization’s practices not in compliance with PIPA:** My personal information has not been collected, used or disclosed by the Organization, but I am complaining about the Organization’s practices that I believe are not in compliance with PIPA.

Explain the complaint

Please explain **briefly** (500 character space limit) the facts or details that support your complaint that your personal information has been collected, used, or disclosed in contravention of PIPA or the practices of the Organization that you believe are not in compliance with the Act. Please provide a description of the personal information involved and the time period you allege the personal information was improperly collected, used or disclosed. If this space

is not sufficient, you may attach more information or evidence to support your complaint to a limit of 15 pages maximum.

Correction Request Investigation

I requested a **correction** to my personal information:

- No Response:** The time limit for responding to my request has expired (the Organization has 30 days to respond after receiving the request unless the time to respond has been extended by the Commissioner) and I have received no reply.
Attach your request for a correction - mandatory.
- Correction Denied:** I dispute the decision to refuse my request.
Attach your request for a correction - mandatory.
Attach the response from the Organization - mandatory.

Section 3 - How do you think the OIPC may assist you?

Describe the result or outcome you seek.

Section 4 – Acknowledgement

Your Signature and Statements

<input type="checkbox"/>	Before you send your Form to the OIPC , please check if you have attached the relevant documentation to support your request for review or complaint. Failure to provide the required supporting documentation will result in the OIPC returning the request/complaining and not conducting a review or an investigation (as applicable). The OIPC will not accept a submission that is deficient or submitted in parcels. Do NOT attach copies of the records received in response to your access request from the Organization.
<input type="checkbox"/>	If this is review concerns an access or correction request, PIPA requires the Commissioner provide a copy of your completed form and all attachments to the Organization . If this review concerns a complaint about the collection, use or disclosure of your personal information, the Commissioner will provide a copy of your completed form and all attachments to the Organization. I confirm by checking this box, I understand that this form and attachments will be provided to the Organization for an access or correction request review or if my complaint involves my personal information.
<input type="checkbox"/>	I acknowledge by checking this box, that I am required to keep my contact and address information up-to-date and, if I fail to do so, this review/complaint may not proceed. If my contact information changes, I

	must complete a “ <i>Change of Contact and/or Address for Service</i> ” Form available here to update information in this section. Likewise, any person you authorize to act on your behalf must keep their contact information current.
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Signature (Typing your name confirms acceptance)

Date

For more information about the process, or if you have questions about completing this form, please click here or contact the OIPC by phone at 780-422-6860/toll free at 1-888-878-4044, or visit our website at www.oipc.ab.ca.

Please submit this form and attachments to complaint_review@oipc.ab.ca. You may also mail this to: Office of the Information and Privacy Commissioner, Suite 410, 9925 109 Street NW, Edmonton, AB T5K 2J8.

www.oipc.ab.ca

Do not include this sheet with your Request for Review/Complaint Form

Instructions on how to complete and submit the PIPA Request for Review/Complaint Form:

Complete Section 1A OR 1B:

Section 1A – Your Contact Information

Fill out this section if you are the individual who made the access request for information or who has a privacy or correction complaint.

- **First and Last name:** We will not share your name with anyone outside of our office unless you consent, or it is necessary as part of conducting the review or otherwise authorized by law.
- **Mailing address:** Please include your City and Postal Code.
- **Phone number(s):** Include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
- **“Ok to leave message”:** We will not leave details about our interaction, but we will identify who we are, who we are leaving the message for, and ask for a returned call.
- **Email address:** Please provide this address. We will use secure email for any communications containing sensitive information.

Section 1B- If you are acting on behalf of an individual, please fill in this part.

Fill out this section if you are **submitting a review or complaint on behalf of someone else.**

If you have written authorization to act on behalf of someone, please attach it. You can use our form found [here](#): You will be asked by the OIPC to provide documentation to support your ability to act on behalf of someone else under the HIA after this Form is submitted. Please have this documentation ready to provide when requested. For example, you may be asked to produce a copy of a will to demonstrate you are the personal representative, a personal directive, power of attorney, or proof of guardianship or trusteeship.

- **First and Last name:** We will not share your name with anyone outside of our office unless you consent, or it is necessary as part of conducting the review or otherwise authorized by law.
- **Mailing address:** Please include your City and Postal Code.
- **Phone number(s):** Include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
- **“Ok to leave message”:** We will not leave details about our interaction, but we will identify who we are, who we are leaving the message for, and ask for a returned call.
- **Email address:** Please provide this address. We will use secure email for any communications containing sensitive information.

Section 2 – Issues you want reviewed or investigated

- **Organization Involved:** Please identify the Organization.

- File Number: Please include the Organization file number associated with your request if applicable. This number is usually on any correspondence you have received from the Organization.

What do you want reviewed or investigated?

Access Requests

- Check only the appropriate review type(s) from the list for access requests.

What if the Organization did not find the records I was looking for? What should I do?

Answer: Our process requires you to go back to the Organization and try and resolve this.

If you are asking for a review *solely* on the adequacy of a search, you must first ask the Organization to address the matter and allow them at least **30 days to respond to you**. We will return the form to you if this has not been done. Provide the Organization with what you believe is missing and why you believe it should have been searched. It is best to do this in writing and to keep records of these communications.

What if I don't have a copy of the access request? It is more important you have a copy of the correspondence that you received as a response from the Organization. However, the OIPC encourages you to contact the Organization and ask for a copy of the access request. This assists with our ability to process the review.

PIPA only permits you to request access to your OWN personal information. On request, an Organization may provide an individual with information about the existence, use and disclosure of the individual's personal information and provide access to that information, if reasonable. This means information about you only. PIPA permits, or sometimes requires, Organization to withhold or sever information, including your own personal information, under certain exceptions in the Act before giving you access to your personal information. PIPA does not permit access to personal information that is not yours or to the general information of the Organization (for example, financial statements).

When you request a review by the Commissioner, you must do so within the set time limits under PIPA – PIPA requires that you submit your request for review within **30 days** after you have been notified of the decision, act or failure to act of the Organization that relates to the request.

The Commissioner is able to extend this time frame for a longer period. If you are outside the 30 days after the decision, the Commissioner may ask you for information why you could not submit your review within the 30 days.

Privacy Complaints

You are able to make privacy complaints about:

- ✓ your own personal information that has been collected, used or disclosed in contravention of PIPA or in circumstances that are not in compliance with PIPA:
- ✓ an Organization has failed to notify the Commissioner about a breach as required under section 34.1 of PIPA; or
- ✓ about the Organization's practices generally that are not in compliance with PIPA.

An example of a general complaint is found in Order 2021-01 available [here](#). An employee of an Organization complained about the amount of personal information required on a form the Organization wanted him and his spouse to fill out. Neither he nor his spouse filled out the form, but were able to complain about the extent of personal information requested on the form.

When you make your complaint to the Organization, which is required before making it to the Commissioner, you may find it helpful to follow the WHAT< WHEN<HOW<WHO<WHY method to explain your circumstances:

WHAT - Identify what personal information you believe was collected, used or disclosed by the Custodian in contravention of PIPA.

WHEN – Identify when you think the collection, use or disclosure occurred.

HOW – Identify how you think the collection, use or disclosure occurred. For example, was an email with your personal information sent to the wrong person?

WHO – Identify who you think collected, used or disclosed your personal information if you have this information?

WHY – Identify why you believe the collection, use or disclosure of your health information was in contravention of HIA.

It would also be useful to provide information or evidence to support that the collection, use or disclosure of your personal information occurred contrary to PIPA.

When trying to resolve your complaint with the Organization, you should write down names of people you speak with, when you spoke to them and what they said.

When you make a privacy complaint to the Commissioner about an Organization, you must do so within a reasonable time.

Correction Requests

An Organization is prohibited from correcting or altering an opinion, including a professional opinion. If the requested correction is refused by the Organization, an annotation is usually made to the record that a correction request was made and refused. If the information you want corrected is an opinion, it is unlikely your review will be successful.

When you make a complaint to the Commissioner about an Organization’s refusal to correct personal information, you must do so within a reasonable time.

Section 3 - How do you think the OIPC may assist you?

It is important to know what the OIPC may do and what they cannot do for you. You may reconsider submitting the Form if you are expecting the OIPC to do something we are unable to do.

What We Cannot Do

We cannot issue monetary awards, and we do not issue fines if we find your request for review or complaint was valid.

We cannot force anyone to be disciplined, suspended or fired from their job. Decisions related to job discipline are made by the employer. We cannot change those decisions.

We cannot change a decision made by another body or administrative tribunal about providing a benefit or issuing a penalty, such as decisions made by the Workers’ Compensation Board, Assured Income for the Severely Handicapped (AISH), Ombudsman, Maintenance Enforcement, and so on.

We are not an advocate. We cannot represent you in your request for review or complaint. We also do not represent the Organization.

Section 4 – Acknowledgement

Provide a completed single submission with all required attachments.

You must provide a completed Request for Review/Complaint Form and all supporting documents in one submission. Otherwise, the submission(s) will be returned or any information you submit after you provide the form may not be accepted.

Please only provide the information that we initially ask for.

Do not send a large amount of materials, as this will delay processing, cause uncertainty in understanding your concerns, and may result in your request for review or privacy complaint being returned.

Typically, **submissions should not exceed 15 pages** including the Form and all attachments. We enforce this page limit. Your comments and attachments must be relevant to your request for review/complaint and to what our office does. If we require more information from you, we will ask for it.

If you submit an extremely large number of documents or if it is not clear that the information you provided falls within our area to review, your submission will not proceed to a review and you will be asked to re-submit your request for review.

Ensure contact information is up to date. You or the person who you authorized to act on your behalf must keep this contact information up to date. If this does not occur, your review or investigation may not proceed.