



OFFICE OF THE
INFORMATION &
PRIVACY COMMISSIONER
FOR BRITISH COLUMBIA

Personal Information Protection Act

Request for Review / Access Complaint Form

Instructions: This form is designed to assist you in requesting a review of the content of an organization’s response to your access request or to submit a complaint about how an organization processed your request under the *Personal Information Protection Act* (“PIPA”).

Fill out this form and send it to the Office of the Information & Privacy Commissioner (“OIPC”). Address information is at the end of this form.

Do not use this form if your privacy issue is with a government or other public body.

PIPA and materials that may assist you in completing this form are available at <http://www.oipc.bc.ca/> or by calling (250) 387-5629 in Victoria. For toll-free access call Enquiry BC in Vancouver at (604) 660-2421 or elsewhere in BC at 1-800-663-7867 and ask to be transferred to (250) 387-5629.

Privacy Notice: A copy of this form will be provided to the organization that is the subject of your request for review; a copy may be provided concerning complaint issues. The information you provide on this form, attached to this form or that you supply later, will only be used to attempt to resolve your dispute.

Name: _____ Preferred Pronoun: _____

Mailing address: _____

City: _____ Province: _____ Postal Code: _____

Contact Phone No.: _____ Home Work Cell

Alternate Phone No.: _____ Home Work Cell

Fax No: _____ Email Address: _____
(Provide only if you prefer to receive communication by email)

Please indicate the best time to contact you, as well as any other contact restrictions. (The OIPC office hours are Monday to Friday, from 8:30 a.m. to 4:30 p.m. [PST]).

1. Are you making this request for review or complaint: on behalf of yourself?
(Please check only one box) on behalf of another individual?

(If you checked "on behalf of another individual", attach supporting documentation proving that you have the authority, or consent of that individual, to act on his/her behalf.)

2. Which organization does your request for review or complaint concern?
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3. Who have you dealt with at the organization to try to resolve your complaint or access request?
(List the names, titles, phone numbers or addresses of people with whom you have had contact.)
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4. Tell us about the steps you have taken to try to resolve your complaint *(Complaints should first be submitted directly to the public body for response and possible resolution; there are limited exceptions.)*

- Have you attempted to resolve the matter with the organization? Yes No
- If yes, did you write to the organization outlining your concerns or to object to the organization's initial decision? Yes No

5. Have you received a written decision from the organization? Yes No

If yes, what was the date of the letter and when did you receive it? *(Please attach the letter to this application.)*

6. Choose one or more of the following to describe what your appeal to the OIPC relates to:

Requests for review:

- Denial of existence of records
- Record not under control or in custody
- How access is to be given
- Withholding records
- Severing information from records
- Deemed refusal (no response within 30 days of your access request) if no extension
- Correction of personal information request
- Records outside the scope of the Act
- Other

Complaints:

- Adequacy of search for records
- Collection, use or disclosure of your personal information
- Fee assessment
- Extension of time/transfer
- Security
- Retention
- Other

7. Summarize your request for review or complaint (*please indicate any file or reference numbers and relevant dates*).

8. How do you think the OIPC can assist you? Describe the result or outcome that you seek.

Signature: _____ Date: _____

Attach copies of the following documents if you have them:

Your letter to the organization requesting access to records.

Your letter of complaint to the organization.

The organization's response to your complaint or access request.

Any other correspondence between you and the organization regarding this matter.

Documentation authorizing you to act on behalf of another person (if applicable).

Send this form and accompanying documents to:

Office of the Information and Privacy
Commissioner for British Columbia
P.O. Box 9038, Stn. Prov. Govt.
Victoria, B.C. V8W 9A4

Fax: (250) 387-1696
Email: info@oipc.bc.ca

Please call the OIPC if you need help completing this form:

Phone: (250) 387-5629 (Victoria)
Toll-free: (604) 660-2421 (Lower Mainland) or 1-800-663-7867 (elsewhere in B.C.); ask for transfer to (250) 387-5629.

For OIPC use only:

Date stamp:	Received by:
	Initials: _____
	_____ (Print name)