

Service Nova Scotia Information Access and Privacy Services

Privacy Complaint Form

Complete this form if you believe that your privacy has been compromised due to the mishandling of your personal information.

Give your personal i	information			
Name:				
Address:				
		Postal code: _		
Daytime phone number:				
Email address (if you wish to b	pe contacted by email):			
Give details about th	he complaint and attac	h any relevant docu	ıments	
Include: What the complaint is	s about, when it occurred, and who	o was involved, names of any	individuals involved.	
Date of the incident:				
Department/Agency involved:				
Details:				
Sign the form				
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	mplaint, it may be necessary to re a staff in the identified department.		r identify you and snare y	our information about the
Signature:			_ Date:	
Carad tha Farma ta				
Send the Form to				
nformation Access and P	rivacy Services			
Service Nova Scotia PO Box 72				
Halifax NS B3J 2L4				
Questions? Call:	902-424-2985			

1-844-424-2985 (toll free)

Email: privacy@novascotia.ca