

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

## 1 Give your personal information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address (if you wish to be contacted by email): \_\_\_\_\_

## 2 Give details about the complaint and attach any relevant documents

Include: what the complaint is about, what personal information is involved, when did it occur, and who is involved. (if additional space is needed attach extra pages)

Date of the incident: \_\_\_\_\_

Department/Agency involved: \_\_\_\_\_

Details:

## 3 Sign the form

To investigate your complaint, it may be necessary to review information about you or identify and share your information about the complaint you have made with staff in the identified department/agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4 Send completed form to

Information Access and Privacy Services  
Department of Internal Services  
PO Box 72  
5161 George Street, 12<sup>th</sup> Floor, Suite 1201  
Halifax, NS B3J 2L4

**Questions?** Call 902-424-2985  
1-844-424-2985  
Email [iapservices@novascotia.ca](mailto:iapservices@novascotia.ca)