

REQUEST FOR REVIEW / COMPLAINT FORM

When you complete this form, please send it to:

Office of the Information and Privacy Commissioner
149 Kent Street, Suite 301
P. O. Box 2000
Charlottetown, PE
C1A 7N8

Telephone: (902) 368-4099

Email: InfoPrivacy@assembly.pe.ca

The Public Body or Custodian:

The public body or custodian is: _____

The public body or custodian's reference number is: _____

The matter(s) I want reviewed:

I made an Access to Information request:

Be sure to deliver this to
the Commissioner within
60 calendar days.

- No Response:** The time limit for responding to my request has expired but I did not receive a response.
- Fees:** I received notice that fees apply. I dispute the public body or custodian's fee estimate.
- Fee Waiver:** I requested a fee waiver from the public body or custodian, but they denied my request. I dispute this decision.
- Refused Access:** The public body or custodian refused access to all or some of the records or information. I do not agree that these sections apply:

Other: please specify: _____

I requested a correction to my personal information or to my personal health information:	Be sure to deliver this to the Commissioner within 60 calendar days .
<p> <input type="radio"/> No response: The time limit for responding to my request has expired but I did not receive a response. </p> <p> <input type="radio"/> Correction Denied: I dispute the public body or custodian's decision to not correct or amend my personal information or my personal health information. </p> <p> <input type="radio"/> Other: please specify: _____ _____ </p>	

OR

A public body notified me that my personal information or my business information will be released to an applicant who made an access to information request under the <i>Freedom of Information and Protection of Privacy Act</i>.	Be sure to deliver this to the Commissioner within 20 calendar days . This statutory deadline is non-negotiable!
<p> <input type="radio"/> Third Party: I dispute the public body's decision to give an applicant access to my information. I do not agree that these sections apply: _____ </p> <p> The Commissioner cannot extend the time for a third party to deliver a request for a review, it is highly recommended that you confirm receipt of your request to review within the deadline. </p>	

OR

I believe my personal information or my personal health information has been improperly collected, used, or disclosed.	Be sure to deliver this to the Commissioner within 60 calendar days .
<p> <input type="radio"/> Collection: My personal information or my personal health information has been collected in contravention of the law. </p> <p> <input type="radio"/> Use: My personal information or my personal health information has been used in contravention of the law. </p> <p> <input type="radio"/> Disclosure: My personal information or my personal health information has been disclosed in contravention of the law. </p> <p> <input type="radio"/> Other: please specify: _____ _____ </p>	

I made the following attempts to resolve the issue(s):

Signature: _____

Date: _____

Print Full Name of Applicant/Complainant: _____

Mailing Address of Applicant/Complainant: _____

E-mail Address of Applicant/Complainant: _____

Contact Number of Applicant/Complainant: _____

Residence Work Cell

Personal information on this form is collected in accordance with section 31 of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering your complaint or request to review and to correspond and communicate with you. For further information about the collection of personal information, please contact the Commissioner at the above noted phone and address.

Please note that a copy of this request for review will be sent to the public body or custodian to which your request applies, and to any other person who, in the opinion of the Commissioner, is affected by the request. The Commissioner may sever any information that the Commissioner considers appropriate beforehand.

Checklist

- Attachments included:
- Request for Access to Information, correction or fee waiver
 - Letter of Complaint to the Public Body or custodian
 - Decision/Response Letter of Public Body or custodian
 - Any related correspondence between you and the Public Body or the custodian
 - Any related records
 - Documentation authorizing you to act on behalf of an individual (if applicable)

The limitation periods start counting from the date you were notified by the public body or custodian of its decision, or from the date you discovered the contravention of the *Health Information Act*. The Commissioner may extend the 60 day time requirements, but if you fail to comply with a time limit without a satisfactory explanation, the Commission may decide to not extend the limitation period. If you are beyond this 60-day limitation, please provide reasons why the Commissioner should accept your request for review.

The Commissioner does NOT have any discretion to extend the 20 day limitation periods for third parties.

Our email address is InfoPrivacy@assembly.pe.ca. Please phone our office if we have not confirmed receipt of your request for review within one business day, (902) 368-4099.