

COMPLAINT – concerning the administration of the ATIPP Act (Section 42)

Name (last, first, middle) or Name of Corporation _____

Mailing Address: Street or Box Number _____

City, Town or Village _____ Territory/Province _____ Postal Code _____

Telephone: Home _____ Work _____ Fax _____ Email _____

If you are applying as personal representative/guardian/legal custodian pursuant to Section 62 of the ATIPP Act, who is the person you are representing? _____

What is the name of the Public Body? (Please name **one** Public Body only)

If your complaint is about the administration of the *Access to Information Protection of Privacy Act*, please give the details of your complaint. (eg: I would like to complain about the way the public body responded to my access request. I don't feel a very thorough search was done. I believe more records exist because ...)

You may also write your complaint on a separate piece of paper and attach it to this form.

Signature _____

Date _____

Send the completed form to:

Information and Privacy Commissioner
Box 2703
Whitehorse, YT Y1A 2C6

Or drop off at:

Office of the Ombudsman
(Shoppers Plaza)
211 Main Street, Suite 200
Whitehorse, Yukon

Questions?

Call: 667-8468 in Whitehorse
Toll Free: 1-800-661-0408 ext. 8468
Fax: 867-667-8469
Email: email.ombudsman@ombudsman.yk.ca