



Office of the Information and
Privacy Commissioner

**REQUEST FOR REVIEW OR
INVESTIGATION OF COMPLAINT**

*Access to Information and
Protection of Privacy Act*

TO: Office of the Information and Privacy Commissioner
5th Floor, East Block
Confederation Building
P. O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-6309 Fax: (709) 729-6500

For Office Use Only (Not to be Completed by Applicant):

Date Stamp:

Received By:

Initials: _____

Print Name _____

Your Information (please print)

Applicant

Third Party

Surname: _____

First Name: _____

Organization (where applicable): _____

Address: _____

_____ Postal Code _____

Daytime Telephone #: _____

Facsimile #: _____

E-Mail: _____

Public Body Information

Name of the public body that your request for review or complaint concerns: _____

Date of your Application for Access to the public body: _____

Name of the individual you have been dealing with at the public body: _____

Details of Your Request

Are you making this request for review or complaint:

on behalf of yourself?

on behalf of another individual?

If you checked “on behalf of another individual,” please attach supporting documentation authorizing you to act on his/her behalf.

Please select all that apply:

- As the applicant, I am requesting that the Commissioner review a decision, act or failure to act by the head of the above noted public body
- As a third party, I am requesting that the Commissioner review a decision made about the request by the head of the above noted public body
- I am requesting that the Commissioner investigate the extension of time for responding to the request
- I am requesting that the Commissioner investigate the fees associated with the request
- I am requesting that the Commissioner bring to the attention of the head of the above noted public body a failure to fulfill the duty to assist applicants
- Other (please explain below)

Please attach a copy of your request to the public body, the public body’s response and any other correspondence between you and the public body regarding this matter.

Provide the Specifics of your Request/Complaint Here*

What Resolution/Remedy are you Seeking?*

**Attach additional pages as required.*

Note: Under the Access to Information and Protection of Privacy Act, the Commissioner’s office is required to provide a copy of your completed form to the head of the public body concerned, and in the case of a request for review from a third party, to the applicant concerned. If you have concerns with this requirement, please make them known to the Commissioner’s Office immediately.

(Signature)

(Date)