

HOW TO FILE A COMPLAINT TO THE INTERIOR HEALTH AUTHORITY

under the

Freedom of Information & Protection of Privacy Act ("FOIPPA")

The FOIPPA gives the public a right to file a complaint with the Information and Privacy Commissioner about any of the following:

- ☞ A duty required by the Act has not been performed
- ☞ An extension of time for responding to a request is not in accordance with the Act
- ☞ A correction request was refused without justification
- ☞ A fee required is inappropriate
- ☞ Personal information has been inappropriately collected, used or disclosed by a public body
- ☞ A search for records was not adequate

The Office of the Information and Privacy Commissioner (OIPC) will defer investigating a complaint if the complainant has not first given Interior Health an opportunity to respond to and attempt to resolve the issue. To assist you in submitting your complaint to Interior Health, we recommend you complete this form and return it to the person/office that responded to your request for information. If you remain dissatisfied with the response to your complaint you may wish to contact the OIPC who will then consider whether further action is necessary.

INTERIOR HEALTH / FILE NO. (if applicable)

Last Name First Name Initial

Address

City Prov. Postal Code

Country

Phone # Cell # Email

NATURE OF COMPLAINT (select at least 1 box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Fee levied is inappropriate | <input type="checkbox"/> Explanation for withholding information is insufficient | <input type="checkbox"/> My personal information has not been adequately protected |
| <input type="checkbox"/> Request for fee waiver is denied | <input type="checkbox"/> Inappropriate collection of my personal information | <input type="checkbox"/> My correction request was refused without justification |
| <input type="checkbox"/> A time extension taken to respond to my access request is inappropriate | <input type="checkbox"/> Inappropriate use of my personal information | <input type="checkbox"/> Public body did not respond openly, accurately and without delay |
| <input type="checkbox"/> No response received and no extension has been taken | <input type="checkbox"/> Inappropriate disclosure of my personal information | <input type="checkbox"/> Search for records was not adequate |
| <input type="checkbox"/> Extension has expired and no response received | | |



PROVIDE THE SPECIFICS / DETAILS OF YOUR COMPLAINT HERE*

WHAT RESOLUTION / REMEDY ARE YOU SEEKING?*

****Please attach a letter if there not enough room on this form.**

Signature

Date

Please **PRINT**, **SIGN** and **RETURN** this form by mail, email or fax to the person or facility that responded to your original request for information