



Privacy Commissioner
Te Mana Matapono Matatapu

PRIVACY ACT COMPLAINT FORM

1. Your name and contact details

Name

Postal address (not email)

Telephone number/s

2. (a) The name and contact details of the person and/or organisation (“the agency”) about whose actions you are complaining (*we will need to tell them of your complaint*)

Name

Postal address

Telephone number/s

(b) What is your relationship to that agency (eg employee, client, family member, patient)?

3. Have you already contacted the agency about your complaint?

*If your answer is **yes**, what was the response? Please send us copies of any correspondence that you have had with the agency about the matter.*

*If your answer is **no**, please contact the agency first to try to sort the matter out directly. The agency may have a privacy officer who can assist you.*

4. What types of action would resolve your complaint?

5. What is the complaint about? *(please tick the relevant box or boxes and provide details)*

(a) That you have asked for **access** to information about you and that request has been refused;

(b) That you have asked for information about you to be **corrected**, and that request has been refused;

If you have asked for access to information about yourself or have asked for correction of information about yourself, please send us copies of the request and the response or give clear details of when the request was made.

(c) That information about you was **disclosed** to someone else (please specify what information was disclosed, when it was disclosed and to whom it was disclosed);

(d) That information about you was **used without being checked** to see if it was correct;

(e) That information about you was unlawfully or unnecessarily **collected** (please specify what information was collected, and from whom it was collected);

(f) That information about you was not kept **reasonably secure**;

(g) Other (please specify)

Please send us copies of any documents you have which can show us what happened, or make clear notes of what happened (with dates and other details).

6. Explain how this action or these actions of the agency have caused (or may cause) a negative effect on you *(please provide evidence where available)*

This information is collected by the Office of the Privacy Commissioner (PO Box 10-094, Wellington). It will be used to assist us to investigate your complaint. If you wish to access this information, or correct it, please let us know.