

Privacy Complaint Form

TO Information Access and Privacy Protection Office
 Memorial University of Newfoundland
 208 Elizabeth Ave.
 St. John's, NL
 A1C 5C7

Your Information

Name:	
Address:	
Telephone:	Fax
E-Mail:	

Details of Your Complaint

Are you making this privacy complaint: <input type="checkbox"/> on behalf of yourself <input type="checkbox"/> on behalf of another individual <i>If you checked on behalf of another individual, please attach supporting documentation</i>
Please provide the specifics of your complaint here (attach additional sheet if necessary):
What resolution/remedy are you seeking?

_____ (Signature)

_____ (Date)

You will be contacted by the IAPP Office to obtain further information about the possible privacy breach.