



Information Access
and Privacy

Privacy Complaint Form

TO: Information Access and Privacy Office
Memorial University of Newfoundland
Spencer Hall, Room SP-4018
St. John's, NL
A1C 5S7

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 IAP Office to obtain further information about the possible privacy breach.

Privacy Notice: Collection of personal information through this form is authorized under the *Access to Information and Protection of Privacy Act, 2015* and is needed to respond to your complaint. Questions about the collection and use of the information may be directed to the IAP office.