

ALLEGED BREACH OF PRIVACY REPORTING FORM

For Affected Individuals/Complainants

Please complete this form if you have a privacy related complaint against a public body¹. Your complaint must involve personal information (PI) as provided for in *The Freedom of Information and Protection of Privacy Act* (FOIP) or *The Local Authority Freedom of Information and Protection of Privacy Act* (LA FOIP). Some examples would be an individual's name where it appears with information that is personal in nature including criminal history, sexual orientation, personal financial transactions, etc. It can also involve personal health information (PHI) as provided for in *The Health Information Protection Act* (HIPA). Some examples would be health registration information (information collected to register an individual into health services), medication or prescription, diagnosis, treatment, etc. There are many situations that could constitute an alleged privacy breach, but some examples include employee snooping, over collection, unauthorized use or disclosures and inadequate safeguards. These complaints must be less than two years old for our office to investigate.

Please note that the Office of the Saskatchewan Information and Privacy Commissioner (IPC) is an office of last resort. As such, please follow the process outlined in the following link for the steps in resolving a privacy complaint prior to bringing your concerns to our office:

<https://oipc.sk.ca/how-do-i-resolve-a-privacy-complaint/>.

If there is a reason that you do not wish to first bring your concerns to the public body, please contact our office to discuss.

If you are not satisfied with the response that the public body has given, you can then make a complaint to the IPC by completing the following form. You can email or mail the completed form to:

Office of the Saskatchewan Information and Privacy Commissioner

503 – 1801 Hamilton Street, Regina SK S4P 4B4

Email: webmaster@oipc.sk.ca

Phone: 306-787-8350 / Toll Free: 1-877-748-2298

If you have any questions about the process or filling out this form, you may call or email our office.

Once the form is completed, the IPC will determine if they have jurisdiction to investigate the matter and if the office has enough evidence or grounds to proceed with an investigation. The IPC will be in contact with you once the completed form is received.

¹ In this form the term 'public body' collectively refers to provincial government institutions pursuant to FOIP, local authorities pursuant to LA FOIP, and trustees pursuant to HIPA.

DATE

Today's Date

COMPLAINANT CONTACT INFORMATION

Last Name

First Name

Address

City

Province

Postal Code

Phone Number

Alternate Number

Fax Number

Email Address

Are you the affected individual?

Yes

No

AFFECTED INDIVIDUAL CONTACT INFORMATION (if known)

Last Name

First Name

Address

City

Province

Postal Code

Phone Number

Alternate Number

Fax Number

Email Address

WITNESSES

If there are any witnesses, please list them along with their contact information:

PUBLIC BODY

Public Body Name

Please note we will be sharing relevant information on this form with the public body so it is able to investigate the alleged breach of privacy.

ALLEGED BREACH OF PRIVACY DESCRIPTION/DETAILS

Please be as specific as possible when describing the alleged breach including details such as who was involved in the alleged breach, what information was breached, when did it occur and where did it occur. **If additional space is needed, please attach a separate document.**

DESCRIPTION OF INFORMATION INVOLVED (personal information/personal health information)

Please see page 1 of this document for examples of PI and PHI.

DOCUMENTATION

Please list the documents that are relevant and help support your complaint, if any, and include the listed documents as attachments:

Send completed Alleged Privacy Breach Reporting Form to:

Saskatchewan Information and Privacy Commissioner
503 – 1801 Hamilton Street
Regina SK S4P 4B4

OR

Email: webmaster@oipc.sk.ca

FOR OFFICE USE ONLY

Date Received

IPC File Number