Appendix B

Complaint Form

Privacy Complaint Form

**Applicant Information** (must be completed)

Name:

Address:

Unit:

City and Province:

Postal Code:

Phone Number:

**REPRESENTATIVE INFORMATION** (complete only if applicable)

I, the undersigned, hereby authorize the following person to act on my behalf and to receive personal information about me, as necessary for the purposes of this request:

Representative Name:

Organization:

Address:

Unit:

City and Province:

Postal Code:

**SUMMARY OF COMPLAINT**

Please check any boxes that explain why the complaint is being made:

* **No Response to Access Request** – It is more than 30 days since I made a request for access to my personal information and I have not received a response.
* **Time Extension** – The Privacy Officer decided to extend the time limit for responding to my request, and I disagree.
* **Reasonable Search** – The Privacy Officer indicated that some or all of the requested records do not exist and I believe that more records do exist.
* **Frivolous or Vexatious** – The Privacy Officer indicated my request is frivolous or vexatious and I disagree.
* **Exemptions** – The Privacy Officer has exempted all or part of the requested records and I believe that more of them should be disclosed.
* **Fee/Fee Estimate** – The Privacy Officer sent me an access decision that included a fee or fee estimate that I feel is excessive.
* **Fee Waiver** – The Privacy Officer has refused to grant my request to waive the fees.
* **Refusal to Confirm or Deny** – The Privacy Officer has refused to confirm or deny the existence of the requested records.
* **Correction** – The Privacy Officer has refused to make corrections to my personal information.
* **Other** – please explain

**RESOLUTION OF COMPLAINT**

Please describe how you feel your complaint could be resolved.

Signature of complainant Date

**IMPORTANT INFORMATION**

This completed and signed form must be hand delivered or sent by registered mail to the following:

**3sHealth**

700-2002 Victoria Avenue

Regina, Saskatchewan S4P 0R7

**ATTENTION:** Privacy Officer

3sHealth will respond to your request within 30 days of receiving this form. If 3sHealth needs to extend the time to deal with your request, you will be notified of the new deadline and the reasons for the extension. If 3sHealth refuses to provide the requested information, you will be notified of the grounds for the refusal.