

Your informati	on		
Last name (requi	red)		
First name (requi	ired)		
Middle initial(s)			
Preferred Pronou	ın (optional)		
☐ He/Him/His	☐ She/Her/Hers	☐ They/Them/Theirs	☐ Other (specify) ►
Preferred name			
Address			
Unit			
City			
Province			
Postal code			
•	the IPC contacting you by ail message, please provid		
If you wish to cor your email addre	nmunicate with the IPC by ss.	email, please provide	
I acknowledg	•	•	of my representative on my behalf. in that it can be intercepted and/or
Are you (check o	ne):		
Filing a priva	cy complaint about your o	wn personal information.	
	te decision-maker (such as ersonal information.	s a parent or guardian) for s	omeone who is filing a privacy complaint

Substitute decision-maker information

Skip this section if you are not a substitute decision-maker.

If you are a substitute decision-maker (such as a parent or guardian) making a complaint on behalf of someone else, please describe your role and explain your relationship. It may be necessary to provide documentation to prove you are authorized to act for the individual. Please attach this documentation if you have it at the end of this form.



Representative Information

Skip this section if you do not have a representative.

You may represent yourself in a complaint to the IPC, or have someone else (such as a lawyer or another person) represent you.

If someone is representing you, and you authorize that person to act on your behalf, and you consent to the IPC to contacting them (including through email) and exchanging information about this complaint, please fill out the contact information below.

Representative is a (check one):
☐ Lawyer ☐ Other person
Please provide your representative's contact information:
Last name
First name
Middle initial(s)
Preferred name
Address
Unit
City
Province
Postal code
Phone number
Email address



Information about the person or organization your complaint relates to

For example, your complaint may relate to a "service provider" organization such as a children's aid society o a group home, or an individual.
Name of person or organization your complaint relates to
Address
Unit

City
Province
Postal code
Phone number
Email address
File number for your complaint (if applicable)
Name of contact person at organization, if applicable
Contact person phone number

Sharing your information

We would like to share your complaint with the service provider you have complained about, so the service provider understands the reasons for your complaint and the IPC can process your complaint.

By filing this complaint, you consent to share your name, this complaint form, and all attachments provided with this complaint form to all of the parties to this complaint (including the service provider).

If you do **not** consent to share your complaint information, please explain why below. We will consider whether we can properly address your complaint without sharing this information.

We may need additional personal information to process your complaint. Do you consent to the IPC looking or asking for the personal information we need to process your complaint? (required)	at
☐ YES ☐ NO	



Details of your complaint Please select all the boxes that explain why you are making the complaint: The person or organization the complaint relates to has inappropriately collected, used and/or disclosed (shared) my personal information. Other – please explain: Please provide a detailed description of your complaint. Your description should include the what, when, who, how, where and why of what happened. If you need more space, please attach as many pages as necessary at the end of this form. Have you communicated with the service provider about your complaint? If so, please explain.



Resolution of your complaint

Do you have a suggestion about how your complaint could be resolved?

In certain circumstances, the IPC will make an order to resolve a complaint. However, it is important to note that most complaints before the IPC are resolved informally and do not result in an order. The IPC can order a service provider to grant access to requested records, order a service provider to respond to an access request, etc.

The IPC **cannot** order disciplinary measures against employees of the service provider you are complaining about (such as requiring the service provider to fire an employee) or order it to pay you financial compensation (money).

Attachments

Please attach any documents about your complaint or evidence of your role as a substitute decision-maker.

The following documents have been attached (if applicable):

Signature: (required)

Signature Date: (required)

(MM/DD/YYYY)

Submit the form:

Save and email the form to complaints@ipc.on.ca or print and mail the form to:

Registrar
Information and Privacy Commissioner/Ontario
1400-2 Bloor Street East
Toronto, Ontario
M4W 1A8

What happens next? Someone from our intake team will contact you to discuss your complaint.

Find out more about the complaint process.

You can also contact our office by email at lnfo@ipc.on.ca, or phone 416-326-3333, toll-free at 1-800-387-0073 if you have questions.