Information and Privacy Commissioner/Ontario

Appeal Form

Appeal under the
Freedom of Information and Protection of Privacy Act (FIPPA)
or the
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Note: An appeal must be sent in writing **to the Registrar within 30 days** after the institution has given notice of its decision.

The government organization which dealt with your request is referred to as an "institution" under the *Acts*.

Your Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Surname or Name of Company, Association or Organization _____

Given Name _____ Initials _____

Address _____ Unit _____

City _____ Province _____ Postal Code _____

Telephone Daytime _____ Evening _____

If this appeal is not being made in a personal capacity, please provide the following information:

Name of Contact _____

Title _____ Telephone _____

E-mail Address* _____

☐ *The IPC does not use encrypted e-mail. This method of communication is not fully secure in that messages can be intercepted and/or manipulated and retransmitted. I acknowledge and accept the risks of such uncertainty and possible lack of confidentiality and I consent to being contacted at this e-mail address or through that of my representative on my behalf.

Please select *one* of the following:

☐ I made a request for access to a general record, and have enclosed the required $25.00 appeal fee.

☐ I made a request for access to my own personal information and have enclosed the required $10.00 appeal fee.

☐ I made a request to correct my own personal information and have enclosed the required $10.00 appeal fee.

☐ I received a notice that the institution intends to disclose a record/personal information that may relate to me. (No appeal fee required.)

Representative Information (Complete only if you will be represented.)

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, as necessary for the purposes of this appeal.

Representative is a: ☐ Lawyer ☐ Agent ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Surname _____

Given Name _____ Initials _____

Name of Company, Association or Organization _____

Address _____ Unit _____

City _____ Province _____ Postal Code _____

Telephone Daytime _____ Evening _____

E-mail Address _____

Institution Information (if available)

Name of Institution _____

Institution file number _____

Consent to Provide a Copy of Documentation to the Institution

Please select *one* of the following:

☐ I consent to a copy of this form and all attachments being provided to the institution.

☐ I do not consent to a copy of this form and all attachments being provided to the institution.

Attachments

The following documents have been attached (if available):

☐ Copy of the request.

☐ Copy of the institution's decision letter.

☐ Appeal fee made payable to the Minister of Finance (if required).

Details of the Appeal

Please select the box(es) that explain why the appeal is being made.

- ☐ **Deemed Refusal** – It is more than 30 days since I made my request and I have not received a decision.
- ☐ **Failure to Disclose Records** – The institution decided to grant access to requested records but I have not received them.
- ☐ **Time Extension** – The institution decided to extend the time limit for responding to my request, and I disagree.
- ☐ **No Jurisdiction** – The institution indicated that the requested records are excluded from the *Act* and I disagree.
- ☐ **Reasonable Search** – The institution indicated that some or all of the requested records do not exist and I believe that more records do exist.
- ☐ **Frivolous or Vexatious** – The institution indicated my request is frivolous or vexatious and I disagree.
- ☐ **Exemptions** – The institution has exempted all or part of the requested records and I believe that more of them should be disclosed.
- ☐ **Interim Decision** – Because of the number of records at issue, the institution reviewed a sample of the records or consulted an experienced employee, advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.
- ☐ **Fee/Fee Estimate** – The institution sent me an access decision that included a fee or fee estimate that I feel is excessive.
- ☐ **Fee Waiver** – The institution has refused to grant my request to waive the fees.
- ☐ **Refusal to Confirm or Deny** – The institution has refused to confirm or deny the existence of the requested records.
- ☐ **Correction** – The institution has refused to make corrections to my personal information.
- ☐ **Third Party** – The institution has indicated it will grant access to a record/personal information that may relate to me or the appellant, and I feel this information should not be disclosed.
- ☐ **Other** – please explain:

Resolution of Appeal

Please describe how you feel this appeal could be resolved.

Previous Appeals

Please list any previous appeals with the Information and Privacy Commissioner/Ontario that may relate to this matter.

Information about the Appeal Process

For more information about the processes of the Information and Privacy Commissioner/Ontario and the Code of Procedure for appeals, please contact our office at 416-326-3333, toll-free at 1-800-387-0073, or visit our website at www.ipc.on.ca.

Where to Send this Form

This form, the applicable fee, and any additional documentation must be sent in writing to the Registrar within 30 days after the institution has given notice of its decision. The cheque should be payable to the Minister of Finance. **Do not send cash.** Mail the above to:

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

Signature

Your Signature _____ Date _____