



PLEASE SEND THIS FORM TO:

Ombudsman Manitoba
750-500 Portage Avenue
Winnipeg, Manitoba R3C 3X1

Phone: (204) 982-9130
Toll Free: 1-800-665-0531
Fax: (204) 942-7803
Web site: www.ombudsman.mb.ca

The Ombudsman's Office will provide a copy of your completed form to the public body concerned.

Please print clearly.

YOUR INFORMATION

Last Name: _____ First Name: _____

Address: _____

_____ Postal Code: _____

Daytime Telephone Number: _____ Fax Number: _____

May a message be left at your daytime telephone number? Yes No

REPRESENTATIVE INFORMATION (Complete **only** if you want to be represented by another person)

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

Last Name: _____ First Name: _____

Address: _____

_____ Postal Code: _____

Daytime Telephone Number: _____ Fax Number: _____

May a message be left at this daytime telephone number? Yes No

Please complete the appropriate complaint area on the back of this form.

COMPLAINT ABOUT ACCESS

Name of the public body you are complaining about: _____

Please attach copies of any documents relevant to your complaint (e.g. application and response).

Please select **one** of the following:

- No Response** It has been more than 30 days since the public body received my application and there has been no reply.
- Time Extension** I have received notice of an extension of the 30-day time limit for responding. I dispute the need for this extension.
- Fee/Fee Estimate** I have received notice that a fee applies. I dispute this fee.
- Fee Waiver** I have requested a fee waiver and have been denied. I dispute this decision.
- Refused Access** I have been refused access to all or part of the records for which I applied.
- Correction** My request for correction to my personal information as provided for in section 39 has been refused.
- Third Party** As a third party, I wish to dispute under section 59(2) the public body's decision to give access to records against my wish.
- Complaint by Relative of Deceased Person** As a relative of a deceased person, I dispute the decision of the public body not to disclose my relative's personal information under clause 44(1)(z).
- Other** Please specify _____

COMPLAINT ABOUT PRIVACY

Name of the public body you are complaining about: _____

Please attach a letter describing your privacy complaint. Details about your privacy complaint will be provided to the public body. Describe the personal information involved in your complaint and explain what happened to your personal information (who, what, when, how and why). Explain why you believe that this was a breach of your privacy. Describe any actions you have taken to resolve your privacy concern with the public body. Please attach any documents relevant to your complaint.

I have reason to believe that one or more of the following has occurred (please select **all** that apply):

- Collection** My personal information has been collected by the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.
- Use** My personal information has been used within the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.
- Disclosure** My personal information has been disclosed outside of the public body in violation of Part 3 of *The Freedom of Information and Protection of Privacy Act*.

Your Signature:

Date: