



PLEASE PRINT

ATIPP1000 – Privacy Complaint

Office of the City Clerk

PRIVACY COMPLAINT

Contact Information (to be completed by the complainant)

SECTION 1

Name _____

Address _____ City _____ Postal Code _____

Telephone _____ Email _____

Details of Complaint

SECTION 2

I am making this complaint:

on behalf of myself

on behalf of another individual (provide supporting documentation)

Please provide the details of your complaint:

What resolution are you seeking?

Signature _____ Date _____

Privacy Notice

SECTION 3

Collection of personal information through this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to respond to your complaint. Questions about the collection and use of the information may be directed to the ATIPP Coordinator at 576-8429 or atipp@stjohns.ca

Please send completed form to:

ATIPP Coordinator
Office of the City Clerk
P.O. Box 908, 10 New Gower Street
St. John's, NL A1C 5M2

For further information:
Phone: 709-576-8429
Email: atipp@stjohns.ca



NEWFOUNDLAND AND LABRADOR, CANADA