**The Local Authority Freedom of Information and Protection of Privacy Act**

**Privacy Complaint Form**

This form is to assist you in making a complaint about the handling of personal information under *The Local Authority Freedom of Information and Protection of Privacy Act (The LAFOIPP Act)*. A privacy complaint can be submitted when you believe that the City of Regina (the City) has mishandled your personal information or has not answered your request for access to your personal information.

The personal information provided on this form is protected under the provisions of *The LAFOIPP Act*. Please note that, in order to properly investigate your complaint, your name and the details of your complaint will be provided to the department that is subject to the complaint and may be provided to the Saskatchewan Information and Privacy Commissioner or the courts should the outcome of the City’s investigation be challenged.

### Contact Information:

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<tr>
<th>First Name *</th>
<th>Last Name *</th>
<th>Email Address</th>
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<th>Mailing Address *</th>
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<th>Province *</th>
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<tr>
<th>Work Phone</th>
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Please indicate the best time to contact you, as well as any contact restrictions:

*(The City of Regina hours of work are 8:00 a.m. to 4:45 p.m.)*

*Required field*
Are you making this complaint on your own behalf?
☐ Are you making this complaint on behalf of another individual?

**If you are making this complaint on behalf of another individual, please provide proof of authorization and submit it with this form. (ie written authorization by the individual wishing to make the complaint.)**

Which department(s)/individual(s) is your complaint with?

What is your relationship with the department(s)/individual(s)?

☐ City Employee, or
☐ General Public

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**Details of the Complaint:**

I have reason to believe that one or more of the following has occurred:

☐ The City has inappropriately collected my personal information.

☐ The City has inappropriately disclosed my personal information.

☐ The City has inappropriately used my personal information.

☐ The City has inappropriately disposed of my personal information.

☐ Other – please explain:

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Please provide a detailed description of your privacy complaint including the who, what, where, when, why and how of what happened and what impact this has had on you. (If you need additional space, please attach as many pages as necessary.)
Resolution of Complaint:
Please describe what outcome you would like to see from this complaint.

Documents:
Please attach, to this form, copies of any documents that may help to investigate your complaint (for example, any correspondence or records of conversations you have had with the area involved).

Signature:
Your signature _____________________________ Date ________________

Where to Send this Form:
Mail the completed form to:
City of Regina
Access to Information & Privacy Coordinator
c/o Office of the City Clerk
PO Box 1790
Regina, SK S4P 3C8