



PRIVACY COMPLAINT FORM

Privacy Complaint Under the
Personal Information Protection and Electronic Documents Act ("PIPEDA")
and
Booth College Privacy Policy

Your Information:

Surname: _____ First Name: _____

Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Telephone (day): _____ Telephone (evening): _____

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 to investigate this privacy complaint.

Representative is a : Lawyer Agent

Surname: _____ First Name: _____

Name of company, association or organization: _____

Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Telephone (day): _____ Telephone (evening): _____

Complaint Description:

In keeping with the Federal Privacy Law, personal information collected will be used for the purposes of human resource activities including, but not limited to, payroll purposes and Government reporting.

If you have any concerns about this, wish to opt out, or for more information on our Privacy Policy, please contact our Privacy Officer at privacy@boothcollege.ca, call 947-6701, or check out our website at www.boothcollege.ca.

Please describe how your privacy complaint could be resolved.

Where to send this form:

Privacy Officer
Booth College
447 Webb Place
Winnipeg MB R3B 2P2

Signature: _____ Date: _____

Personal information contained on this form is collected pursuant to PIPEDA and will be used for the purpose of responding to your complaint and will be retained by the College in accordance with its retention policies. Questions about this collection should be directed to the Business Office.

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