

Privacy Complaint Report For use by the public

CC 950 (R2020-08)

The personal information collected on this form (including attachments) is pursuant to Section 33(c) of the *Freedom of Information and Protection of Privacy* Act. The information will be used to investigate the privacy complaint you have reported and for The City of Calgary ("The City") to contact you with any questions during the investigation. The information may also be used for statistical purposes and may be disclosed to other Business Units if they are involved in the privacy complaint stated. It may not be possible to investigate your privacy compliant without sharing your name and details of the complaint with the relevant Business Units. If you have questions regarding the collection, use, and disclosure of personal information provided on this form, please contact the FOIP Coordinator at 403- 268-5861, extension 2; or email foip@calgary.ca, or at the Administration Building, 1st Floor, 313– 7th Avenue SE.

Report Date (YYYY/MM/DD)

File #	
(For office use only)	

Contact Information					
Name		Phone Number			
Address					
City		Province	Postal Code		
Do you consent to receiving all future correspondences via email?	If yes, please provide your email	address			
Incident Description					
Type of Complaint: Unauthorized access to your personal information Unauthorized collection of your personal informati Unauthorized disclosure of your personal informati Unauthorized use of your personal information Please provide as much information about the privace employee(s) involved, any witnesses, and details of t	on tion y complaint as possible. E.g. time	of incident, City Busines	ss Unit, Job Title of		

Personal Information Involved			
Describe the personal information involved (please check box)			
☐ Name			
 Identifying Feature (e.g. ethnicity, age, sex) Identifying Number (e.g. SIN, AHN) 			
☐ Financial Information			
Medical Information			
Other Information (specify)			
Notification			
Have you notified anyone else at The City of this incident yet?	☐ Yes	□ No	If yes, whom?
Attachments			1
Please provide any evidence you have to assist with The City's i	nvestigatio	n (e.g. scree	enshot, paper materials, email message)
	-		

Contact Us

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Email:	Fax:	Mail:	
		FOIP Coordinator	
FOIP@calgary.ca	403-476-4102	The City of Calgary #8007F	
	Administration Building,	PO Box 2100, Station M	
		Calgary, AB T2P 2M5	

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