



Privacy Complaint

Contact Information (to be completed by the complainant)

SECTION 1

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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 detail 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](mailto: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