

PRIVACY COMPLAINT FORM - FACILICORPNB

Note: Your privacy complaint should be sent to the attention of the **Chief Privacy Officer** for FacilicorpNB. (See contact information below).

Your Information

Mr.

Mrs.

Ms.

Miss

SURNAME GIVEN _____ NAME _____ INITIALS _____

ADDRESS _____ UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME _____ 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 Mr. Mrs. Ms. Miss

SURNAME _____ GIVEN NAME _____ INITIALS _____

NAME OF COMPANY, ASSOCIATION OR ORGANIZATION _____

ADDRESS _____ UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME _____ EVENING _____

Details of the Complaint

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

- FacilicorpNB has inappropriately collected my personal information.
- FacilicorpNB has inappropriately disclosed my personal information.
- FacilicorpNB has inappropriately used my personal information.
- FacilicorpNB has inappropriately disposed of my personal information.
- Other – please explain:

Please provide a detailed description of your privacy complaint covering the *what, when, who, how, where* and *why* of what happened. (If you need additional space, please attach as many pages as necessary.)

Resolution of Complaint

Please describe how your privacy complaint could be resolved.

Information about the Privacy Complaint Process

For more information about the processes please contact our **Chief Privacy Officer, Kelly A. Steeves** at (506) 663-2500, toll-free at 1-888-480-4404, or visit our Web site at www.FacilicorpNB.ca

Where to Send this Form

Mail this completed form, in an envelope marked "Private and Confidential" to:
Kelly A. Steeves, Chief Privacy Officer,
FacilicorpNB
1 Germain Street, Suite 902
Saint John, N.B.
E2L 4V1

Signature

YOUR SIGNATURE _____

DATE _____