



## Privacy Complaint Form

Contact: Rebecca Attenborough  
Privacy Officer,  
Reproductive Care Program of Nova Scotia  
5991 Spring Garden, Suite 700  
Halifax, NS B3H 1Y6  
Phone: 902-470-6798 Fax: 902-470-6791  
e-mail: rebecca.attenborough@iwk.nshealth.ca

Complete this form to make a complaint about how your personal information is dealt with by the Reproductive Care/Rh Program of Nova Scotia.

Give as much information as possible about your complaint as far as it concerns you. Add more pages if you need more space to complete this form. If you are not sure about anything, please contact our Privacy Officer at the phone number or e-mail address above.

COMPLAINANT'S FULL NAME

\_\_\_\_\_

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MIDDLE INITIAL</i>
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### **How would you like us to contact you?**

(Please only give the information that you would like us to use to contact you)

#### **By Mail:**

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

#### **By Phone, fax, and/or email:**

CONTACT PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

ALTERNATE PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

FAX NO: ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

*(Provide only if you prefer to receive communication by email)*

**Details of your privacy complaint:**

Please provide a detailed description of the privacy complaint, include:

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| 1. what the complaint is about, | 4. how the situation happened,       |
| 2. when the situation occurred, | 5. where the situation happened, and |
| 3. who was involved,            | 6. why you are concerned.            |

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If you have had any previous contact with the Program about this complaint, please provide details including copies of any letters or emails.

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**Information about the Privacy Complaint Process**

For more information about the Reproductive Care/Rh Program of Nova Scotia's processes, please contact our office at (902) 470-6798 or visit our web site at <http://rcp.nshealth.ca>

_____	_____
Your Signature	Date
<i>(Signature of person submitting form or staff member recording the complaint.)</i>	