

## Appeal Form

### Appeal under the *Personal Information Protection and Electronic Documents Act (PIPEDA)*

**Note:** An appeal must be sent in writing to the **Federal Privacy Commissioner within six (6) months** after the brokerage has given notice of its decision.

### Your Information    MR.    MRS.    MS.    .MISS

SURNAME

GIVEN NAME INITIALS

NAME OF COMPANY,

ASSOCIATION OR ORGANIZATION

ADDRESS

UNIT

CITY PROVINCE

POSTAL CODE

TELEPHONE

If this appeal is not being made in a personal capacity, please provide the following information:

NAME OF CONTACT TITLE TELEPHONE

### **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 for the purposes of this appeal.

REPRESENTATIVE IS A:

LAWYER

AGENT

SURNAME

GIVEN NAME

INITIALS

NAME OF COMPANY,

ASSOCIATION OR ORGANIZATION

ADDRESS

UNIT

CITY

PROVINCE

POSTAL CODE

TELEPHONE

## Brokerage Information

NAME OF BROKERAGE

ADDRESS

CITY

PROVINCE

TELEPHONE NUMBER

NAME OF PRIVACY OFFICER

## Attachments

The following documents have been attached (if available):

Copy of the request.

Copy of the brokerage's decision letter.

## Details of the Appeal

Please select the box(es) that explain why the appeal is being made.

**Deemed Refusal** – It is more than 30 days since I made my request and I have not received a decision.

**Failure to Disclose Records** – The institution decided to grant access to requested records but I have not received them.

**Time Extension** – The institution decided to extend the time limit for responding to my request, and I disagree.

**No Jurisdiction** – The institution indicated that the requested records are excluded from the *Act* and I disagree.

**Reasonable Search** – The institution indicated that some or all of the requested records do not exist and I believe that more records do exist.

**Frivolous or Vexatious** – The institution indicated my request is frivolous or vexatious and I disagree.

**Exemptions** – The institution has exempted all or part of the requested records and I believe that more of them should be disclosed.

**Interim Decision** – Because of the number of records at issue, the brokerage reviewed a sample of the records or consulted an experienced employee, and advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.

**Fee/Fee Estimate** – The brokerage sent me an access decision that included a fee or fee estimate that I feel is excessive.

**Fee Waiver** – The brokerage has refused to grant my request to waive the fees.

**Refusal to Confirm or Deny** – The brokerage has refused to confirm or deny the existence of the requested records.

**Correction** – The brokerage has refused to make corrections to my personal information.

**Other** – please explain:

## **Resolution of Appeal**

Please describe how you feel this appeal could be resolved.

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## **Information about the Appeal Process**

For more information about the processes of the Information and Federal Privacy Commissioner/ and Code of Procedure for appeals, please contact the office of the Federal Privacy Commissioner at:

Federal Privacy Commissioner  
112 Kent Street  
Ottawa, Ontario  
K1A 1H3  
Tel: 1-613-995-8210  
Toll free: 1-800-282-1376

## **Where to Send this Form**

This form and any additional documentation must be sent in writing to the Federal Privacy Commissioner no later than six months after the brokerage has given notice of its decision.