



Note: An appeal must be sent in writing **to the Registrar within 30 days** after the institution has given notice of its decision.

The government organization which dealt with your request is referred to as an “institution” under the *Acts*.

Information about the appeal process

For more information about the processes of the Information and Privacy Commissioner/Ontario and the Code of Procedure for appeals, please contact our office at 416-326-3333, toll-free at 1-800-387-0073, or visit our website at www.ipc.on.ca.

Where to send this form

Registrar
Information and Privacy Commissioner of Ontario
1400-2 Bloor Street East
Toronto, ON M4W 1A8

Fields marked with an asterisk (*) are mandatory.

1. Request type*

Please select *one* of the following:

- ☐ I made a request for access to a general record, and have enclosed the required \$25.00 appeal fee.
- ☐ I made a request for access to my own personal information and have enclosed the required \$10.00 appeal fee.
- ☐ I made a request to correct my own personal information and have enclosed the required \$10.00 appeal fee.
- ☐ I received a notice that the institution intends to disclose a record/personal information that may relate to me. (No appeal fee required.)

2. Your information:

I am submitting:*

- ☐ as an individual

Surname

Given name

Initials

- ☐ on behalf of a company, association or organization

Name of company, association or organization

Business contact (last name)

First name

Preferred name

Preferred pronoun (optional)

- ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other (specify) ►



Address*

Unit

City*

Province*

Postal code*

Country*

State

Telephone: Daytime*

Evening*

E-mail address¹

☐

¹ I consent to being contacted at this e-mail address or through that of my representative on my behalf.
I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or
manipulated and retransmitted.

3. Representative information

(Complete only if you will be represented.)

☐

I authorize the following person to act on my behalf and to receive any personal health information
pertaining to me, as necessary for the purposes of this access/correction complaint.

Representative is a ☐ Lawyer ☐ Agent

Surname

Given name

Initials

Name of company, association or organization

Address

Unit

City

Province

Postal code

Country

State

Telephone: Daytime

Evening

E-mail address

4. Institution information

Name of institution*

Institution file number

Consent to provide a copy of documentation to the institution*

☐

I consent to a copy of this form and all attachments being provided to the institution.

☐

I do not consent to a copy of this form and all attachments being provided to the institution.



5. Attachments

Note: Please do not include records disclosed to the institution.

The following documents have been attached (if available):

- ☐ Copy of the request.
- ☐ Copy of the institution's decision letter.
- ☐ Appeal fee made payable to the Minister of Finance (if required).

6. 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 institution reviewed a sample of the records or consulted an experienced employee, 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 institution sent me an access decision that included a fee or fee estimate that I feel is excessive.
- ☐ **Fee Waiver** – The institution has refused to grant my request to waive the fees.
- ☐ **Refusal to Confirm or Deny** – The institution has refused to confirm or deny the existence of the requested records.
- ☐ **Correction** – The institution has refused to make corrections to my personal information.
- ☐ **Third Party** – The institution has indicated it will grant access to a record/personal information that may relate to me or the appellant, and I feel this information should not be disclosed.
- ☐ **Other** – please explain:



7. Resolution of appeal

Describe how you feel this appeal could be resolved.

Note: The IPC does not have the power to, issue fines, award damages or tell an institution to discipline its staff members.

8. Related appeals (optional)

List any previous, or ongoing appeals you have with the Information and Privacy Commissioner of Ontario.

9. Declaration and signature

I acknowledge and agree that:

- (a) my appeal will be processed in accordance with the [IPC's Code of Procedure and Practice Directions for appeals under FIPPA and MFIPPA](#); and
- (b) I will cooperate fully with the IPC and provide responses to the IPC in accordance with any instructions or deadlines communicated to me.

Signature

Your signature*

Date (mm/dd/yyyy)*