



**OFFICE OF GENERAL COUNSEL
INFORMATION COMPLIANCE UNIT**

Privacy Complaint Internal Review Application Form

THIS FORM IS TO BE USED FOR A REVIEW OF CONDUCT UNDER: (PLEASE TICK THE RELEVANT BOX/ES)

- s53 of the *Privacy and Personal Information Protection Act 1998* (PPIPA)
 s21 of the *Health Records Information Privacy Act 2002* (HRIPA)

UNIVERSITY OF WOLLONGONG		
1.	Information Compliance Unit	<p>Enquiries and assistance with the application process may be sought by contacting the Information Compliance Unit on (02) 4221 4368 or via email at icu-enquiry@uow.edu.au</p> <p>Please complete this form and submit:</p> <ol style="list-style-type: none"> 1. via email at: icu-enquiry@uow.edu.au (preferred method); or 2. via post: Information Compliance Unit, Level 1, Building 22, University of Wollongong, NSW 2522.
APPLICANT DETAILS		
2.	Are you a: (please tick a box)	<input type="checkbox"/> student <input type="checkbox"/> staff member <input type="checkbox"/> parent/caregiver <input type="checkbox"/> community member
	Surname	
	First Name	
	Title	
	Day-time telephone	
	Email address	
	I agree to receive correspondence at the above email address <input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	If your complaint is on behalf of someone else, please provide their full name and details of your relationship to this other person (e.g. parent).	
	Please provide details of your authority to act or make the complaint on behalf of the person you have name above (be sure to attach any relevant documentation to your application form):	
	Is the person capable of making the complaint by themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure



4.	What is the specific conduct ¹ you are complaining about? Describe what you believe the University did (see endnote on explanation of “conduct”)		
5.	<table border="1"><tr><td>Please tick which of the following describes your complaint: (you may tick more than one option)</td><td><input type="checkbox"/> collection of my personal or health information <input type="checkbox"/> security of storage of my personal or health information <input type="checkbox"/> refusal to let me access or find out about my own personal or health information. <input type="checkbox"/> accuracy of my personal or health information <input type="checkbox"/> use of my personal or health information <input type="checkbox"/> disclosure of my personal or health information <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> unsure</td></tr></table>	Please tick which of the following describes your complaint: (you may tick more than one option)	<input type="checkbox"/> collection of my personal or health information <input type="checkbox"/> security of storage of my personal or health information <input type="checkbox"/> refusal to let me access or find out about my own personal or health information. <input type="checkbox"/> accuracy of my personal or health information <input type="checkbox"/> use of my personal or health information <input type="checkbox"/> disclosure of my personal or health information <input type="checkbox"/> other (please specify): _____ <input type="checkbox"/> unsure
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6.	If you ticked “disclosure of my personal or health information” above, please list who the information was disclosed to:		
7.	When did the conduct occur?		
8.	When did you first become aware of this conduct? Please be as specific as you can about how and when you first became aware of the conduct and any actions you took at the time.		
9.	You need to lodge this application within 6 months of the date in Q.9. If more than 6 months has passed, you need to ask the University for special permission to lodge a late application. If you need to, please give a detailed explanation of why you have taken more than 6 months to make your complaint.		
10.	What effect did the conduct have on you?		



11.	What effect might the conduct have on you in the future?		
12.	<table border="1"><tr><td data-bbox="215 539 670 920">What would you like to see the University do about the conduct?</td><td data-bbox="670 539 1441 920"><input type="checkbox"/> an apology <input type="checkbox"/> a change in policies or practices <input type="checkbox"/> my expenses paid <input type="checkbox"/> damages paid to me <input type="checkbox"/> training for staff <input type="checkbox"/> other, please give details below:</td></tr></table>	What would you like to see the University do about the conduct?	<input type="checkbox"/> an apology <input type="checkbox"/> a change in policies or practices <input type="checkbox"/> my expenses paid <input type="checkbox"/> damages paid to me <input type="checkbox"/> training for staff <input type="checkbox"/> other, please give details below:
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ACKNOWLEDGEMENT

- I understand that this form will be used by the University to process my request for an Internal Review.
- I understand that details of my application will be referred to the Privacy Commissioner in accordance with section 54 (1) of PPIPA; and/or section 21 of HRIPA; and that the Privacy Commissioner will be kept advised of the progress and outcome of the internal review.
- I would prefer the Privacy Commissioner to have:

a copy of this application form, or just the information provided at Q's _____

Your signature: _____

Date: _____

WHERE TO SEND THIS FORM

Send this form to the University as detailed in Section 1 of this form.

PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

ⁱ "Conduct" can include an action, a decision, or even inaction by the agency. For example the "conduct" in your case might be a *decision* to refuse you access to your personal information, or the *action* of disclosing your personal information to another person, or the *inaction* of a failure to protect your personal information from being inappropriately accessed by someone else.