



**GOVERNANCE AND LEGAL DIVISION  
LEGAL SERVICES UNIT**

# Privacy Complaint Internal Review Application Form

This is an application 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)

Your completed form must be sent to the University of Wollongong (the University), as detailed below.

<b>UNIVERSITY OF WOLLONGONG</b>															
1.	<table border="1"> <tr> <td>Privacy Officer, Legal Services Unit Level 1, Building 22, Room 103 University of Wollongong Wollongong NSW 2522</td> <td>You can complete and submit this form via email by sending it to: <a href="mailto:privacy-enquiry@uow.edu.au">privacy-enquiry@uow.edu.au</a></td> </tr> </table>	Privacy Officer, Legal Services Unit Level 1, Building 22, Room 103 University of Wollongong Wollongong NSW 2522	You can complete and submit this form via email by sending it to: <a href="mailto:privacy-enquiry@uow.edu.au">privacy-enquiry@uow.edu.au</a>												
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<b>APPLICANT DETAILS</b>															
2.	<table border="1"> <tr> <td>Are you a: (please tick a box)</td> <td> <input type="checkbox"/> student    <input type="checkbox"/> staff member    <input type="checkbox"/> parent/caregiver  <input type="checkbox"/> community member </td> </tr> <tr> <td>Surname</td> <td></td> </tr> <tr> <td>First Name</td> <td></td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Day-time telephone</td> <td></td> </tr> <tr> <td>Email address</td> <td></td> </tr> <tr> <td colspan="2">I agree to receive correspondence at the above email address <input type="checkbox"/> Yes    <input type="checkbox"/> No</td> </tr> </table>	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	
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5.	<table border="1"> <tr> <td rowspan="6">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</td> </tr> <tr> <td><input type="checkbox"/> security of storage of my personal or health information</td> </tr> <tr> <td><input type="checkbox"/> refusal to let me access or find out about my own personal or health information</td> </tr> <tr> <td><input type="checkbox"/> accuracy of my personal or health information</td> </tr> <tr> <td><input type="checkbox"/> use of my personal or health information</td> </tr> <tr> <td><input type="checkbox"/> disclosure of my personal or health information</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							
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		<input type="checkbox"/> other <input type="checkbox"/> unsure
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?	
9.	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.	
10.	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.	
11.	What effect did the conduct have on you?	
12.	What effect might the conduct have on you in the future?	
13.	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

## 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 xxx

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

<sup>i</sup> “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.