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| **Data Privacy Complaint Form** |
| **Effective October 2016** |
| Name: |
| Employer: |
| Employee Number: |
| Job Title: |
| Phone: | Email: |
| Address:  |
| Description of Complaint (e.g. unauthorized collection, use, disclosure; consent not given):  |
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| Signature: | Date: |
| ***Action Taken by LifeWorks:*** |
| Formal Breach Investigation Required?  | Business Unit Involved: |
| Customer Notification Require? Attach correspondence. |
| Incident Report Completed? Attach report. |
| Remediation Actions Required? Attach report. |
| Disciplinary Measures Invoked? Attach report. |
| Date written response sent: |
| Privacy Office Representative: |
| Other comments: |
| Signature: | Date: |