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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: |