LEGAL SERVICES

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 NSW Privacy and Personal Information Protection Act 1998 (PPIPA)

☐ s21 of the Health Records Information Privacy Act 2002 (HRIPA)

1. Applicant Details

Surname: ........................................................................................................ Title: ..............

Other names: ..............................................................................................................................

Postal address: ................................................................................................................. Postcode: ... ....

Day-time telephone: .............................................. Facsimile: ............................................

Email: ........................................................................................................................................

Are you a: (please tick the box)

☐ student ☐ staff member ☐ parent/caregiver ☐ community member

2. If you are complaining on behalf of someone else, please write their full name and give
details of your relationship to this other person (eg. Parent)

.......................................................................................................................................................

.......................................................................................................................................................

3. Is the other person capable of making the complaint him or herself? (Please tick)

☐ Yes ☐ No ☐ I’m not sure

4. Please tick which of the following describes your complaint: (Please tick all that apply)

☐ Collection of my personal information

☐ Security or storage of my personal information

☐ Refusal to let me access or find out about my own personal information

☐ Accuracy of my personal information

☐ Use of my personal information

☐ Disclosure of my personal information [if so, who was it disclosed to? (Please detail below)]

.......................................................................................................................................................

☐ Other

☐ I’m not sure
5. What is the specific conduct\(^1\) you are complaining about? (please attach additional pages if required).

.......................................................................................................................................................
.......................................................................................................................................................

6. When did the conduct occur? (Please be as specific as you can)

.......................................................................................................................................................
.......................................................................................................................................................

7. When did you first become aware of this conduct?

.......................................................................................................................................................
.......................................................................................................................................................

8. You need to lodge this application within 6 months of the date you became aware of this conduct. 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 write here your explanation of why you have taken more than 6 months to make your complaint.

.......................................................................................................................................................
.......................................................................................................................................................

9. What effect did the conduct have on you?

.......................................................................................................................................................
.......................................................................................................................................................

10. What effect might the conduct have on you in the future?

.......................................................................................................................................................
.......................................................................................................................................................

11. What would you like to see the University do about the conduct? (For example: an apology, a change in policies or practices, your expenses paid, damages paid to you, training for staff, etc.)

.......................................................................................................................................................
.......................................................................................................................................................

\(^1\) "Conduct" can include an action, a decision, or even inaction by the University. 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 or failure to protect your personal information from being inappropriately accessed by someone else.
12. 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 review.
- I would prefer the Privacy Commissioner to have:
  - ☐ a copy of this application form, or
  - ☐ just the information provided at Q’s 4-11

Signature

Applicant’s signature: 

Date: 

Where to send the form

Privacy Officer
Legal Services
Level 4, Building 36
University of Wollongong  NSW  2522

PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS