

**This is an application<sup>1</sup> for review of conduct under:** *(Please tick one)*

- s.53** of the *Privacy and Personal Information Protection Act 1998 (the PPIP Act)*
- s.21** of the *Health Records Information Privacy Act 2002 (the HRIP Act)*

1.	Your full name:
2.	Your postal address:
3.	<p>If you are complaining on behalf of someone else, write their full name here:</p> <p>What is your relationship to this other person (eg. parent)?</p> <p>Is the other person capable of making the complaint him or herself?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I'm not sure</p>
4.	What is the specific <b>conduct</b> <sup>2</sup> you are complaining about?
5.	<p>Please tick which of the following describes your complaint: <i>(You can tick more than one)</i></p> <p><input type="checkbox"/> collection of my personal/health information</p> <p><input type="checkbox"/> security or storage of my personal/health information</p> <p><input type="checkbox"/> refusal to let me access or find out about my own personal/health information</p> <p><input type="checkbox"/> accuracy of my personal/health information</p> <p><input type="checkbox"/> use of my personal/health information</p> <p><input type="checkbox"/> disclosure of my personal/health information</p> <p><input type="checkbox"/> other</p> <p><input type="checkbox"/> I'm not sure</p>
6.	When did the conduct occur? <i>(Please be as specific as you can)</i>

7.	When did you first become aware of this conduct?
8.	You need to lodge this application within 6 months of the date you have written at Q.7. If more than 6 months has passed, you may ask the agency for special permission to lodge a late application. If you need to, write here to explain 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 agency do about the conduct?
12.	I understand that this form will be used by Shoalhaven City Council 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 the Privacy and Personal Information Protection Act 1998; or section 21 of the Health Records and Information Privacy Act 2002; and that the Privacy Commissioner will be kept advised of the progress of the review.
13.	I would prefer the Privacy Commissioner to have:  <input type="checkbox"/> a copy of this application form, or <input type="checkbox"/> just the information provided at Q's 5 - 12.

Your signature: \_\_\_\_\_

Dated: \_\_\_\_\_

<sup>1</sup> It is not a requirement under the PPIP Act/the HRIP Act that you complete an application form. This form is designed for your convenience only.

<sup>2</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.

#### Privacy Notification –

The information on this form is being collected by Council for administrative purposes. It will be used by Council staff for purposes relating to your application and may also be disclosed to persons and/or organisations outside Council for this or a directly related purpose. The supply of this information to Council is voluntary however without it, Council may be unable to process your application. Persons identified on this form may at any time, apply to Council for access to or amendment of the information.