

Privacy Officer

ADOPTIVE FAMILIES ASSOCIATION OF BC PERSONAL INFORMATION COMPLAINT FORM

This form must be completed in full and mailed to:

•	tive Families Association of BC				
	7342 Winston Street, Burnaby, B.C. V5A 2H1 Example to the attention of Privacy Officer at 0	\$0.4_320_7330			
0116	ax to the attention of Frivacy Officer at t	304-320-7330			
DATE (dd/mm/yy):					
Сом	PLAINANT PERSONAL INFORMATION				
Last name:		First name:			
A .l .l					
Add	ress:				
Pho	ne:				
_					
DETA	ILS OF THE COMPLAINT				
I hav	I have reason to believe that [organization's name] has inappropriately (choose as many as apply):				
	collected my personal information				
	used my personal information				
	disclosed my personal information				
	disposed of my personal information				
	denied access to my personal information				
	denied my request to correct my personal information				
	denied another privacy right (provide details below)				
	☐ [organization's name] Privacy Policies and Procedures violate the law.				
Deta	ails:				

Please suggest to AFABC how your privacy con	nplaint may be	st be addressed.
COMPLAINANT SIGNATURE		
Are you acting on behalf of another person? Yes f so, please attach either a) that person's signed consent for disclosure, or b) a proof of authority to act on that person's behalf	□ No	
f you have any questions, please contact AFABC at 604-320-	7330 or via e-mail	privacy_officer@bcadoption.cc
	For AFABC u	SE ONLY
	File #:	Date received (dd/mm/yyyy):
PRIVACY STATEMENT		

The personal information you provide in this form is collected in compliance with AFABC privacy policy. AFABC will keep your personal information confidential and will use it exclusively for investigation purposes. If you have any questions, please contact our Privacy Officer at 604-320-7330 or privacy_officer@bcadoption.com