



**Department of Finance  
Information Management  
1701 Hollis St, 4<sup>th</sup> Floor  
PO Box 187 Halifax NS B3J 2N3  
902-424-5849**

## **PRIVACY ENQUIRY/COMPLAINT**

***This form will be used to document a privacy enquiry/complaint. Please complete this form and forward to the IAP Administrator, NS Department of Finance at the address written above, by e-mail to [ajsmith@gov.ns.ca](mailto:ajsmith@gov.ns.ca), or by fax 902-424-5849.***

*Contact Information:*

Name (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Mailing

Address: \_\_\_\_\_

\_\_\_\_\_

I can be reached between the hours of 8:30AM and 4:00PM at telephone: \_\_\_\_\_

or alternate Telephone #: \_\_\_\_\_

*Nature of Enquiry/Complaint:*

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*Please describe any action/efforts made by yourself thus far to resolve your concerns:*

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