

Access to or Correction of Information Request



To be completed by individuals requesting information from WFN or requesting a correction to their personal information held by WFN, in accordance with Policy 2015-82 Personal Information and Privacy Protection and related governance instruments.

Protected when Completed

Community. Leadership. Pride.

Instructions

Step 1

Determine which WFN Department is most likely to have the information you are looking for or believe needs correction.

Step 2

Provide as much detail as possible about the record or information you are requesting or that you believe needs correcting.

Step 3

Complete all requested information to enable WFN to determine accessibility and to contact you if clarification is required.

Step 4

Submit the completed form and any required fee to the WFN Privacy Offer at the address provided at the end of the form.

Information Being Requested or Needing Correction

WFN Department

Please check the appropriate box:

Requests pertaining to personal information

- I am a WFN Member or resident of Westbank Lands and am requesting personal information about myself.
- I am requesting personal information on behalf of another individual who is a WFN Member or resident of Westbank Lands.
- I am a WFN Member or resident of Westbank Lands and am requesting a correction to my personal information.

Requests pertaining to general information

- I am a WFN Member and am requesting information on a particular matter.
- I am not a WFN Member and am requesting information on a particular matter.

The personal information on this form is collected under section 15 of the *WFN Freedom of Information and Protection of Privacy Law (Law)* and will be used to process this request. WFN may contact you to verify your identity and confirm you have a right of access under the Law. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 250-769-4999.

Please provide sufficient detail regarding the information or correction being requested to enable the Privacy Officer to identify the information being requested of that needs correction (e.g. subject matter, date range, type of record, nature of the error or omission and correction requested).

If you are not a WFN Member, please indicate how you feel you are directly and significantly affected by information contained in the record to which you are seeking access.

If you are requesting information on behalf of another person, you must submit proof of your authority to do so with this form.

Delivery of Information

Method of access preferred
(Please choose one)

Receive paper copies of the documents

Receive electronic copies of the documents

Examine the documents in WFN offices

Name of Requestor

Membership Registry # (if applicable)

Address

Email Address

Phone Number

Signature

Date

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General Timeframe and Service Level Expectations

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	Access request submitted, along with any required processing fee 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	Privacy Officer advises requestor of any estimated costs 17	Privacy Officer must review request by this day & enlists legal counsel in severing information that is not eligible for release 18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	Privacy Officer must provide a written response by this day (within 45 calendar days after receipt of the access request) (may be subject to extension) 14	15	16	17

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