

Privacy Incident Investigation Request



To be completed by individuals requesting an investigation into the handling of information held by Westbank First Nation, in accordance with Policy 2015-82 Personal Information and Privacy Protection and related governance instruments. Submit to the WFN Privacy Officer when complete.

Protected when Submitted

Community. Leadership. Pride.

Privacy Statement and Resolution

Westbank First Nation (WFN) has physical, electronic, and procedural safeguards in place to protect personal information. WFN commits to investigating your concern and informing you of any steps taken, or any steps that will be taken, in the resolution of your concern.

The information collected in this form is collected under the authority of the WFN Freedom of Information and Protection of Privacy (FOIPP) Law for the purposes of assessing, investigating and reporting on your privacy concern. The Privacy Officer may collect information about you and the incident you are requesting an investigation into from other individuals or organizations involved for the above purposes.

As part of the FOIPP complaint review process, the Privacy Officer may disclose the information you provide to the individuals or organizations named in the Privacy Incident Investigation Request and, if necessary, to others who have information relevant to your complaint.

You are not required to provide your contact details and may make your privacy complaint anonymously. However, if you do not provide your contact details, the Privacy Officer may not be able to properly investigate your complaint or inform you of the action, if any, taken in response to your complaint.

Individual Requesting a Privacy Incident Investigation

Last Name	First Name	WFN Member <input type="checkbox"/> Yes <input type="checkbox"/> No
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Cell Phone Number	Home Phone Number	Work Phone Number
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Current Address (Include street address, city, province, and postal code)

Email Address

Nature of the Privacy Incident

I have reason to believe that one or more of the following has occurred:

- WFN has inappropriately collected, disclosed, used, or disposed of my personal information.
- WFN has inappropriately collected, disclosed, used, or disposed of the personal information of someone I am representing.
- Other – Please explain:

If you are submitting this request on behalf of another person, please provide the following information and attach proof of your authorization to represent that individual.

Name of Person You are Representing:

Relationship to the Person You are Representing:

Details of the Privacy Incident Investigation

Please describe the events or circumstances that led to your concern. *(e.g. names or positions of people involved in the incident, the location where the incident occurred, and any other factors you consider relevant).*

Signature

Date