



# PRIVACY COMPLAINT INTERNAL REVIEW APPLICATION FORM

Please complete this form to apply for a review of conduct under s53 of the **Privacy and Personal Information Protection Act 1998** (PPIIP Act)  
**OR** s21 of the **Health Records and Information Privacy Act 2002** (HRIP Act).

If you need help filling out this form, please call the Privacy Contact Officer on **(02) 4570 1428** or visit our website at [westernsydney.edu.au/privacy](http://westernsydney.edu.au/privacy)

This is an application<sup>1</sup> for review of conduct under: (please select one)

s53 of the **Privacy and Personal Information Protection Act 1998** (PPIIP Act)

s21 of the **Health Records and Information Privacy Act 2002** (HRIP Act)

## A – PERSONAL DETAILS

Title  Mr  Mrs  Ms  Dr  Other

Family Name  Given Name

Address

Daytime contact number  Email

If the complaint is on behalf of someone else, please provide their details:  I agree to receive correspondence at the above email address

Title  Mr  Mrs  Ms  Dr  Other

Family Name  Given Name

Address

Daytime contact number  Email

What is your relationship with this person? (e.g. parent)  Is the person capable of making the complaint by themselves?

Yes  No  Unsure

Please provide proof that you have the legal authority (i.e. guardianship or power of attorney) to deal with the matter.

## B – SPECIFIC CONDUCT

What is the specific conduct<sup>2</sup> you are complaining about? (see footnote for explanation of "conduct")

  
  
  
  
  
  
  
  
  

## C – COMPLAINT DESCRIPTION

Please tick which of the following describes your complaint: (you may tick more than one option)

- |   |   |
|---|---|
| <input type="checkbox"/> Collection of my personal or health information                                  | <input type="checkbox"/> Security or storage of my personal or health information |
| <input type="checkbox"/> Refusal to let me access or find out about my own personal or health information | <input type="checkbox"/> Accuracy of my personal or health information            |
| <input type="checkbox"/> Use of my personal or health information   | <input type="checkbox"/> Disclosure of my personal or health information          |
| <input type="checkbox"/> Other  |   |

## D – CONDUCT DATE

When did the conduct occur (date)? (please be as specific as you can)

## E – FIRST AWARENESS OF CONDUCT

When did you first become aware of this conduct (date)?

## F – APPLICATION LODGEMENT

You must lodge this application within six months of the date at Question E.

If more than six months has passed, you will need to request special permission to lodge a late application. Please explain why you have taken more than six months to make your complaint (e.g. I had other urgent priorities – list them, or while the conduct occurred more than six months ago, I only recently became aware of my privacy rights etc.)

## G – EFFECT OF CONDUCT

What effect did the conduct have on you?

## H – FUTURE EFFECT OF CONDUCT

What effect (if any) might the conduct have on you in the future?

## I – CONDUCT CONCLUSION

What would you like to see us do about the conduct? (e.g. an apology, a change in policies or practices to ensure that the conduct will not occur again, the payment of monetary compensation to the applicant etc.)

## J – APPLICATION APPROVAL

I understand that this form will be used by the agency 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**; or section 21 of the **Health Records and Information Privacy Act**; and that the Privacy Commissioner will be kept advised of the progress of the internal review, and that the Privacy Commissioner may make submissions.

Applicants should also be advised that if the review is not completed within 60 days from the day on which the application was received, the applicant is entitled to a review by the NSW Civil and Administrative Tribunal (NCAT).

Applicant's signature

Date

## K – APPLICATION LODGEMENT

Please post this form or lodge it by email:

**Jo Maguire, Manager Policy and Governance and Privacy Officer, Western Sydney University, Locked Bag 1797, PENRITH NSW 2751**

**Email: [privacy@westernsydney.edu.au](mailto:privacy@westernsydney.edu.au)**

Our Privacy Policy is available by visiting <http://policies.westernsydney.edu.au/view.current.php?id=00108>

### Keep a copy for your records.

1. It is not a requirement under the PPIP Act or the HRIP Act that you complete an application form. This form is designed for your convenience only. However, you must make a written request in some form to the agency for the matter to be a valid internal review.
2. The PPIP Act regulates NSW state government departments, area health services, most other state government bodies, and NSW local councils. Each of these is defined as a "public sector agency". The HRIP Act regulates private and public sector agencies and private sector persons.
3. "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.

General information about the PPIP Act and HRIP Act is available by calling the Information and Privacy Commission NSW (IPC) on **1800 472 679** or visit the IPC's website: [ipc.nsw.gov.au](http://ipc.nsw.gov.au)

## OFFICE USE ONLY

Date application received

File reference