

1 VICTORIA POLICE PRIVACY COMPLAINT FORM

This form is to assist you in making a complaint about the handling of personal information under the *Privacy and Data Protection Act 2014* or the *Health Records Act 2001* by the Victoria Police.

Complaints may be made against the following:

- Victoria Police;
- A contracted service provider of Victoria Police.

For the protection of everyone's privacy we can accept only complaints made by the person involved (*the individual*) – or an authorised representative. Therefore, if you want to complain on behalf of another person please provide a proof of your authority to do so, *i.e.* signed authority by *the individual* and a copy of *the individual's* photographic identification which depicts *the individual's* hand written signature and a contact telephone number for *the individual* should Victoria Police wish to verify your authority.

To assist our staff, it is important that all the required information is legible. If more space is needed, please attach additional pages. Use of this form, however, is optional.

Staff at the Victoria Police Privacy Unit are available during office hours on (03) 8335 8783 or 8335 8782 or Email privacy@police.vic.gov.au if you need assistance.

Collection Notice

We will use the information you provide on this form only to investigate and conciliate your privacy complaint against the Victoria Police. We will usually disclose the information you give us to those areas within the Agency that may have information relevant to your complaint. In the event of a challenge to a decision by this Agency, we may need to disclose this information to the Office of the Victorian Information Commissioner or Health Complaints Commissioner, a review body, Victoria Police legal representative or a Court/Tribunal, *i.e.* VCAT.

2 About You

Your details

Name: Mr/Mrs/Miss/Ms.....

Address:.....

.....

.....Post code:.....

Telephone numbers:

Home:.....Business:.....

Mobile.....Fax.....

Email address:.....

Please advise our office as soon as possible if any of your contact details change

Fill out this box if you are complaining on behalf of someone else

Name of that person.....

What is your relationship to that person?

.....

.....

Please provide proof of your authorisation – *i.e.* a written authorisation by the individual wishing to make the complaint as detailed above. Please submit it with this form.

What / who are you complaining about?

Please provide all the information that you think is relevant to your complaint.

I am complaining about the handling of my personal/health information by:
(Please tick the relevant box)

Police Unit if known

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Other:.....

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Do not know/Not sure who is responsible:

What involvement have you had with this area of the agency?

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If there are more Agencies / individuals you are complaining about, please provide the details on a separate page.

Your complaint

How do you believe that your privacy has been breached?

Please describe briefly how, in your view, your privacy has been breached

What Privacy Principles do you believe were breached?

What happened, **where** did it happen, **when** did it happen and **who** did it?

Please give us as many details as you can recall.

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Documents

Please give us copies (not the originals) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the area involved). Please submit these with the form.

Please sign and date this form.

Signature.....Date.....

Please post or email this completed form & any additional information to:

Manager
Privacy Unit
Victoria Police
PO Box 913
Docklands, 3008.

Or

Email: privacy@police.vic.gov.au

For assistance with this form please contact the Victoria Police Privacy Unit.