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| **Privacy complaint form**  **C-0146** | A picture containing drawing  Description automatically generated |

You can make a complaint about the handling of your personal information by Parks Victoria under the *Privacy and Data Protection Act 2014* or the *Health Records Act 2001* by using this form. You can find more information on about privacy and the complaints process at <https://ovic.vic.gov.au/privacy/for-the-public/privacy-complaints/> (personal information) or <https://hcc.vic.gov.au/public/about-complaints> (health information).

Complete this form and send to: Privacy Officer, Parks Victoria, Level 10, 535 Bourke Street, Melbourne VIC 3000 or Email: [info@parks.vic.gov.au](mailto:info@parks.vic.gov.au)

Privacy Collection Statement

Your personal information will be managed in accordance with the Parks Victoria privacy policy, available at [parks.vic.gov.au/privacy](https://www.parks.vic.gov.au/privacy). Parks Victoria will use the personal information you provide to investigate, conciliate and/or remedy your privacy complaint. We may disclose the information you give us to the individuals or organisations named in the complaint and, if necessary, to others who have information relevant to your complaint. Should the complaint be referred to the Office of the Victorian Information Commissioner or the Health Complaints Commissioner, we may need to disclose some information to the Commissioner(s) staff and/or the Victorian Civil and Administrative Tribunal. You may gain access to your privacy complaint information by contacting the Privacy Officer.

Your contact details

|  |
| --- |
| Name: |
| Address: |
| Phone: |
| Email: |
| Preferred contact method:  Email  Phone  Post |

Your complaint

|  |  |  |
| --- | --- | --- |
| Are you making a complaint on behalf of a minor or a person with a disability? | | |
| Yes, a person with a disability | Yes, a minor | No |

You may only complain about the mishandling of your own personal information unless you are the appropriate representative of a minor or a person with a disability. If you are complaining on behalf of someone else please provide proof of your authority to do so.

I am complaining about

|  |
| --- |
| Individual/Area: |
| Contact details (if known): |
| What are the details of the alleged information privacy breach? It will assist us if you can explain:   * what happened, * when it happened (including dates if you know them), * what personal information of yours was involved, * who did it (include names of individuals involved if you know them), and * how and when you found out about it. |
|  |
| What has been the impact on you arising from the alleged privacy breach? Please provide evidence if you have any. |
|  |
| What would resolve this complaint for you? This could be a better explanation of what happened, an apology, a commitment to improve processes, financial compensation, or other assistance. Usually, the remedy you’re seeking should be connected and proportionate to the harm you’ve suffered. |
|  |
| If you have taken this complaint to another organisation, please provide details: |
| Organisation: |
| Contact: |

Documents

Please provide us with copies (not the original) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with Parks Victoria officers or our contracted service providers).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / /

Signature Date

Only complete the following sections if applicable to your complaint

Representative’s details

|  |  |  |  |
| --- | --- | --- | --- |
| *If you are using a representative like an advocate or a lawyer, tell us who they are. (If you are completing this form as someone’s representative, tell us who you are.)* | | | |
| Title: |  |  |
| First Name(s): |  |  |
| Surname: |  |  |
| Relationship to complainant (eg: lawyer, family member, friend): | | |

Authority to act

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Please complete this section if you are using a representative to assist you with your complaint with us.* | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission and authorisation for my representative to act on my behalf and have access to any information concerning my complaint against the following person or organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | |
| Complainant: |  | | Representative: |  | |
| Name: |  |  | Name: |  |  |
| Signature: |  |  | Signature: |  |  |
| Date: |  |  | Date: |  |  |