



Early health. Lifelong health.  
Début en santé. Longue vie en santé.

## BORN Ontario Complaint Form

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### Your Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail address\*: \_\_\_\_\_

\* I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted. Please initial \_\_\_\_\_

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### Complaint Information

Please provide a detailed description of your privacy complaint covering the *what, when, who, how, where and why* of what happened. Please be sure to describe the nature of the occurrence and any subsequent contacts you have had with BORN Ontario and the outcomes. (If you need additional space, please attach as many pages as necessary.)



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**Where to send this form**

Mail:

BORN Ontario Privacy Officer  
1785 Alta Vista Dr. Suite 106  
Ottawa, Ont. K3G 3Y6

Fax : (613)523-9057

E-mail\*: [privacy@BORNOntario.ca](mailto:privacy@BORNOntario.ca)

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**Signature**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_