



## Access to Information Act Complaint Form

The Office of the Information Commissioner of Canada (OIC) reviews the complaints of persons who believe that federal institutions have not respected their rights under the *Access to Information Act*.

**If you wish to file a complaint with the Office of the Information Commissioner of Canada, please complete this form and send it with any accompanying documents, by mail or by fax to:**

**Office of the Information Commissioner of Canada**  
30 Victoria Street  
Gatineau, Québec K1A 1H3

**Fax: 819-994-1768**

**NOTE:** At the present time, we do not accept complaints via electronic mail.

More information to assist you in completing this form is available at <http://www.oic-ci.gc.ca/eng/lc-cj-logde-complaint-deposer-plainte.aspx> or by calling toll-free in Canada 1-800-267-0441.

- 1) To expedite the processing of your complaint, please provide as much information as possible.
- 2) Complaints must be made to the OIC in writing within 60 days of receiving your response or a notice from the federal institution, or when you become aware that grounds for a complaint exist.

**The personal information provided on this form is protected under the provisions of the *Access to Information Act* and the *Privacy Act*. Please note that your name and the details of your complaint will be provided to the institution that is the subject of the complaint.**

**\*Required field**

<b>First name *</b>		<b>Last name *</b>
<b>Mailing address *</b>		
<b>City *</b>	<b>Province *</b>	<b>Postal code *</b>
<b>Contact phone number *</b> (     )	<b>Alternative phone number</b> (     )	<b>Fax number</b> (     )
<b>Email address</b>		
<b>Please indicate the best time to contact you, as well as any contact restrictions:</b>		
(The OIC's hours of business are Monday to Friday, 8:30 am – 5:00 pm EST)		



1. Are you making this complaint  on your own behalf  
 on behalf of another person \*

(\*If you checked "on behalf of another person", attach any documentation that indicates that you are authorized to act for another individual)

2. Name of the institution that is the subject of your complaint.

3. Indicate any file or reference numbers and dates relevant to your complaint (for example, date of request for access to information, date you received a response or other).

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3. (a) Have you complained to this office before about this same access request? If so, please identify the type of complaint (see 5. below "Type of complaints")

4. Have you received a written response or any notice (i.e. extension of time limits, fee assessment or other) from the institution?

Yes  No If "Yes", what is the date of the letter, and when did you receive it?

5. Identify the type of complaint you are making:

- Incomplete search/no records response
- Deemed refusal (delay beyond the 30 day time limit or extended time limit)
- Exemptions/exclusions (records or portions of records were withheld from access)
- Fee assessment to produce records is not justified
- Time extension (institution informed you of extra time necessary to process your request)
- Language (your request to obtain records in your official language of choice was denied)
- Alternative format (person with sensory disability is refused access to records in an alternative format)
- Publication bulletin (complaint about the publication by government institutions (InfoSource))
- Any other matter relating to requesting or obtaining access to records under the *Access to Information Act* (Please describe factual foundation in section 6).



**6.** Provide a summary of your complaint and describe the action or events that prompted you to complain together with any relevant date(s) of event(s). (Use additional pages if required)

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**7. Attach copies of the following documents, if applicable:**

- Your request to the institution
- The institution's response to your request (if any) that prompted this complaint
- Any other correspondence between you and the institution on this matter
- Any documentation indicating that you are authorized to act on behalf of another individual (if applicable)
- Other \_\_\_\_\_

**I certify, to the best of my knowledge, that the information provided on this form is true and complete.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**